



Md. Washington
Minority Companies Association
 Connecting Large & Small Businesses to Work Together

Corporate Membership Application Form

Please mail, email, or fax this application to:
 MWMCA, P.O. Box 29602, Baltimore, Maryland 21216
 Telephone: 443-759-8580 • Fax: 888-609-8318
 E-mail: info@mwmca.org ; Web site: www.mwmca.org

Company Information:

Company Name: _____

Primary Contact Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address (if different from above address): _____

City: _____ State: _____ Zip Code: _____

Office Phone: _____ Cell Phone: _____ Email: _____

Secondary Contact Name: _____ Title: _____

Office Phone: _____ Cell Phone: _____ Email: _____

Online Information:

May MWMCA use your logo/banner to Hyperlink to your site? Yes No

Website address to be linked to your logo/banner: _____

Contact for website information and logo/banner usage: _____

Office Phone: _____ Email: _____

Do you oppose your company's name in our marketing material? Yes No

Can you place a link to MWMCA from your supplier diversity information page on your website?
 Yes No

Please e-mail your logo (in jpeg format) and/or banner (600x74, in jpeg format) to info@mwmca.org

Company Information (Continued):

Industry: _____

Description of Products/Services Provided: _____

Do you currently have a supplier diversity program for minority owned businesses? _____ Yes _____ No

If yes, what certifications do you require? _____

If no, will a program be implemented in the future? _____ Yes _____ No _____ Unknown

What types of minority-owned firms are you looking to do business with? _____

Are there products/services not listed as a member benefit that you would like to receive from MWMCA?

Membership Selection:

Yes! We are interested in:

_____ **Executive Supporter Membership**

_____ **Executive Partner Membership**

_____ **Executive Leader Membership**

I understand that my membership is considered a one (1) year commitment. Membership benefits will begin according to the date my application is received.

Authorizing Signature: _____ Date: _____

Payment Information:

_____ Please invoice my company/organization

_____ Charge my membership to:



Credit Card Number: _____ **Expiration:** _____

Name on the card: _____ **Zip Code associated with C/C:** _____

Signature Authorizing Charge: _____ **Date:** _____

Thank you for becoming a MWMCA corporate member! Details on membership fees will be provided upon completion of this form. For more information and/or details, please call 443-759-8580 or email info@mwmca.org.