



MEMBERSHIP START UP BUSINESSES: ONE TO THREE YEARS

Date: _____ Membership ID # _____

Your Name & Title _____

Business Name: _____

Address: _____ City&Zip _____

Phone: _____ Fax: _____

Contact: _____ Title: _____

No. Employees: _____ # OF YEARS IN BUSINESS: _____

E-mail _____

Type of Business: _____

Business References

Name: _____ Position: _____

Business: _____ Phone: _____ Fax: _____

Business Relationship (describe): _____

Name: _____ Position: _____

Business: _____ Phone: _____ Fax: _____

Business Relationship (describe): _____

MBA Committee you are interested in:

Membership _____ Fund Raising _____ Communication _____

Investigative _____ Technology _____ Youth Advisory _____

MEMBERSHIP COMMITMENT

As a member of MBA I will assist in at least one fundraising project per year

MEMBERSHIP FEES/DUES

ONE TO THREE YEARS IN BUSINESS

Initiation membership fee-\$100.00 One time only.

Annual membership dues \$120.00 TOTAL DUE \$220.00

Make check payable to Minority Business Alliance

435 Whitcomb
Kalamazoo, MI 49001
(269) 388-3853



Membership

Date: _____

Membership ID # _____

Your Name & Title _____

Business Name: _____

Address: _____ City&Zip _____

Phone: _____ Fax: _____

Contact: _____ Title: _____

No. Employees: _____ Email: _____

Type of Business: _____

Business References

Name: _____ Position: _____

Business: _____ Phone: _____ Fax: _____

Business Relationship (describe): _____

Name: _____ Position: _____

Business: _____ Phone: _____ Fax: _____

Business Relationship (describe): _____

MBA Committee you are interested in:

Membership _____ Fund Raising _____ Communication _____

Investigative _____ Technology _____ Youth Advisory _____

MEMBERSHIP COMMITMENT

As a member of MBA I will assist in at least one fundraising project per year.

YEARLY MEMBERSHIP FEES

25 Employees or less

\$250 = _____

**MAKE CHECKS PAYABLE TO:
MINORITY BUSINESS ALLIANCE OF SW MICHIGAN
(MBA OF SW MI)**

435 Whitcomb
Kalamazoo, MI 49001
(269) 388-385



Venture Capitalist

Date: _____ BUSINESS ID # _____

Your Name & Title _____
Business Name: _____
Address: _____
Phone: _____ Fax: _____
Contact: _____ Title: _____
No. Employees: _____ Email: _____
Type of Business: _____

Business References

Name: _____ Position: _____
Business: _____ Phone: _____ Fax: _____
Business Relationship (describe): _____

Name: _____ Position: _____
Business: _____ Phone: _____ Fax: _____
Business Relationship (describe): _____

MBA Committee you are interested in:

Membership _____ Fund Raising _____ Communication _____
Investigative _____ Technology _____ Youth Advisory _____

MEMBERSHIP COMMITMENT

As a member of MBA I will support the organization it efforts to advance
Minority and Women Owned Businesses

(OPTIONAL SUPPORT)

(Limited to attending events, committee work and network/training meetings.)

Revenue Base 100k-300k \$350 = _____
300k-500k \$450 = _____
Total Enclosed = _____

MAKE CHECKS PAYABLE TO:
MINORITY BUSINESS ALLIANCE OF SW MICHIGAN
(MBA OF SW MI)
435 Whitcomb Kalamazoo, MI 49001 (269) 388-3853