



CORPORATE MEMBERSHIP PLEDGE FORM

Company Information:

Company Name: _____

Primary Contact Name: _____ Title: _____

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

Phone: _____ Fax: _____ E-Mail: _____

Secondary Contact Name: _____ Title: _____

Phone: _____ Fax: _____ E-Mail: _____

*Both Primary and Secondary Contacts will receive the monthly ORV~WBC newsletter

Who should be listed in the online WBENCLink database accessed by ORV~WBC Region WBE's?

(Please circle) Primary Contact Secondary Contact Other

If other, please complete the following:

Name: _____ Title: _____

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

Phone: _____ Fax: _____ E-Mail: _____

Indicate preferred WBENCLink Username: _____ and Password: _____

Online Information:

Website Address: _____ May ORV~WBC Hyperlink to your site? ____

Contact for website information and logo usage: Name: _____

Phone: _____ E-mail: _____

Thank you for joining ORV~WBC (Ohio River Valley Women's Business Council) Please contact Sheila A. Mixon, Executive Director at 513.487.6537 or smixon@orvwbc.org with questions and/or comments regarding your ORV~WBC membership, payment schedule and/or WBENCLink registration.

3458 Reading Road, Cincinnati, Ohio 45229

ORV~WBC is a program operated by the Urban League of Greater Southwestern Ohio in partnership with the Women's Business Enterprise National Council.



Will you link ORV~WBC to your supplier information page at your website? Yes ____ No ____

WBENC Affiliations:

Select any WBENC affiliate organization of which you are currently a member:

- . Astra Women’s Business Alliance
- . Center for Women & Enterprise
- . Greater Women’s Business Council
- . Michigan Women’s Business Council
- . Women Presidents’ Educational Organization/DC
- . Women Presidents’ Educational Organization/NY
- . Women’s Business Council – Southwest
- . Women’s Business Enterprise Council-South
- . Women’s Business Development Center – Chicago
- . Women’s Business Development Center – Florida
- . Women’s Business Development Center – PA-DE-sNJ
- . Women’s Business Enterprise Alliance
- . Women’s Business Enterprise Council-West

Other Information:

Do you currently have a supplier diversity program for women-owned business? Yes ____ No ____

If you answer “No,” what is your planned implementation schedule? _____

If you answered “Yes,” do you...

..... Require third-party certification? Yes ____ No ____

.....Accept WBENC certification? Yes ____ No ____

.....Accept other certifications for WBEs? Yes ____ No ____

Can you provide in-kind support to ORV~WBC? Yes ____ No ____

If yes, please describe _____

Industry:

Products Produced:

Products Purchased:

Description of Services Provided:

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Dues Structure: Annual ORV~WBC Dues

\$2,500 Corporate

\$1,750 Non-Profit, Government

I UNDERSTAND THAT THIS APPLICATION IS CONSIDERED A COMMITMENT AND THAT MY CORPORATION WILL START RECEIVING MEMBERSHIP BENEFITS ACCORDING TO THE DATE MY APPLICATION IS RECEIVED.

AUTHORIZING SIGNATURE: _____

COMPANY: _____

DATE: _____

Payment Information: Membership can be made at any time throughout a calendar year and is prorated quarterly. Subsequent years will be billed annually with a January 31 due date.

ORV~WBC Annual Dues (Amount): _____

Charge to my (VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER)

Credit Card No: _____ Exp Date: _ / _ / _____

Name as it appears on the Card: _____

Signature Authorizing Charge: _____

Please invoice my corporation Purchase Order Number _____

Billing Address: _____ City: _____ State: _____

Zip: _____

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