

Company : _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____ Cell: _____

E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of Business: _____

Number of Years in Business: _____

Primary
Specialty: _____

Are you currently certified as an: MBE? YN WBE? YN DBE? YN
SBE? YN Disabled Veteran-Owned? YN

With which agency are you certified? _____

Type of Membership

Regular Membership: \$500.00

Minority Male-owned Business: _____ Minority Female-owned Business: _____ Disabled veteran-Owned: _____ Other: _____

Major Corporate Sponsor: \$3,500

(Foursome at our Annual Golf Tournament and recognition on A.M.C.A. Web Site)

Major Corporate Partner: \$5,000

(Table at our Annual Awards Banquet, Banner Hanging, Recognition and Link on A.M.C.A. Web Site)

Recruited by: _____

Please make checks payable to:

AMCA

5880 S. 32nd St. Suite 105

Phoenix, AZ 85040

Office: (602) 495 - 0026 Fax: (602) 252 - 3749

Web Site: www.amcaaz.com

E-mail: amca@qwestoffice.net

Authorized Signature

Date