

Association of Minority Enterprises of New York, Incorporated
(MEMBERSHIP APPLICATION)

DATE: _____

PRINCIPAL NAME TITLE

CORPORATION/BUSINESS NAME

STREET SUITE CITY STATE ZIP CODE

BUSINESS TELEPHONE # EVENING TELEPHONE# FAX #

E-MAIL CELL PHONE#

TYPE OF BUSINESS _____

-
1. ARE YOU A CERTIFIED MINORITY BUSINESS? YES NO
 2. MINORITY STATUS: AFRICAN-AMERICAN HISPANIC OTHER _____
 3. BUSINESS OWNED BY WHOM: MALE FEMALE
 4. NUMBER OF EMPLOYEES FULL-TIME: _____ PART-TIME _____
 5. WOULD YOU LIKE TO SERVE ON A COMMITTEE? YES NO
 PLEASE CHECK ALL THAT APPLY:

MEMBERSHIP <input type="checkbox"/>	ADVOCACY <input type="checkbox"/>
ANNUAL GOLF & TENNIS <input type="checkbox"/>	NYS LEGISLATIVE CONFERENCE <input type="checkbox"/>
ANNUAL AWARD BANQUET <input type="checkbox"/>	PROGRAMS/MEETINGS <input type="checkbox"/>
ANNUAL PROCUREMENT CONFERENCE <input type="checkbox"/>	FUND RAISING <input type="checkbox"/>

PLEASE COMPLETE FORM AND RETURN WITH A CHECK, MONEY ORDER OR CREDIT CARD NUMBER (VISA, MASTER CARD, AMERICAN EXPRESS) FOR \$400.00 (Website Directory) or \$500.00 (Website Profile) To:

Association of Minority Enterprises of New York, Inc.

AMENY

135-20 Liberty Avenue, Suite 2

Richmond Hill, New York 11419

(718) 291-1641 Fax (718) 291-1887