

AMENY

**Association of Minority Enterprises
of New York, Inc
(Membership Application)**

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

DATE: _____

New Member Renewal New Corporate Member Corporate Renewal

Company Name: _____ Phone: _____

Contact Person: _____ Fax: _____

Mailing Address: _____

Email: _____ Cell Phone: _____

Website: _____ Type of Business: _____

Membership Dues: \$10,000 annual Corporate dues
 \$5,000 annual Public dues
 \$500 annual with website profile
 \$400 annual with website directory

Certification (please check which applies)

MWBE certified DBE certified NY/NJ Port Authority Certified Not certified
 Other _____

Committee(s)

I would like to join the following committee(s):

Membership Advocacy Annual Golf & Tennis Annual Award Banquet
 NYS Legislative Conference Program/Meetings Fund Raising

Payment method:

Check (Please make check payable to **AMENY MEMBERSHIP**)
 Money order
 Credit card

Please charge my credit card Master Card Visa Other _____

Card number _____ Expiration date _____

Name on Card: _____

Billing Address: _____

Signature: _____

(I authorize AMENY to charge my credit card)

Mail Payment to: AMENY 135-20 Liberty Ave, Richmond Hill, NY 11419