

**Indianapolis Black Chamber of Commerce
Membership Application**

(317) 924-9840 | fax (317) 924-2513 | ibcc@sbcglobal.net | www.indianapolisbcc.org

Please check:

New Member Renewal

Name _____ Title _____

Company _____

Address _____

City _____ State _____ Zip _____

Ofc Phone _____ Fax _____ Alternate No. _____

E-Mail _____ Web Address _____

Business Category (based on yellow page listing) _____

Describe company's major business activity (up to 50 words): _____

Type of ownership: Sole proprietorship C Corporation S Corporation Partnership Nonprofit Other

Date business was established: ____/____/____ Number of employees: _____ SIC Code: _____

Do you export goods/services outside the US? _____

If yes, what percentage of sales is export business? _____%

Annual sales volume: Less than \$100,000 \$100,000 to < 500,000 \$500,000 to 1 million

\$1 million to < 5 million \$5 million to < 10 million \$10 million and over

Which of the following business certifications do you hold?

Minority Business Enterprise (MBE) Woman Business Enterprise (WBE) Disabled Veteran

Handicapped Other _____

Membership Dues

Small Business Owner (under 50 employees) \$ 250.00 Associate/Non-Business Owner..\$ 100.00 Major Corporation (50+ employees).....\$ 1,000.00 Nonprofit Organization.....\$150.00

Small business, major corporation and nonprofit membership categories are eligible for inclusion in membership directory and IBCC's web site hot links.

Include me on the "member hot link" page of IBCC's web site: Circle: Yes or No

Signature: _____ Date: _____

Thank you, we appreciate your support. Application must be accompanied by check or money order. Please make payable to: IBCC, PO Box 88287, Indianapolis, IN 46208-0287.

For internal use: M No. _____ Cert _____ Ref _____ rev-08-21-04