



SMSDC Corporate Membership Application

P.O. Box 151267, Austin, TX 78715

www.smsdc.org

Member Profile:		
Corporation	Government Agency/University	Non-Profit

Name: _____
 Headquarters: _____
 Website: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Key Officers: (Please select key contacts for all SMSDC correspondence)		
Chief Executive Officer	Supplier Diversity Representative	Purchasing Officer

CEO: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact Phone: _____ Cell Phone: _____ Email: _____
 Assistant: _____ Email: _____

Supplier Diversity Representative: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact Phone: _____ Cell Phone: _____ Email: _____
 Assistant: _____ Email: _____

Purchasing Officer: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact Phone: _____ Cell Phone: _____ Email: _____
 Assistant: _____ Email: _____

Membership Requirements:

- * Members will serve as ambassadors for SMSDC in support of the Council’s mission, goals and objectives.
- * Members will designate a primary contact to assist minority entrepreneurs to navigate the procurement process.
- * Member will participate in and support a minimum of two major SMSDC events annually.
- * Members will report business activity with minority entrepreneurs to the Council. (All reports remain confidential)
- * Members will commit to increase minority entrepreneurs activity through supplier diversity initiatives.



Select One:

Corporation:	More than 500 employees - \$5,000	Less than 500 employees - \$3,000
Government Agency/Universities, Recognized by the State of TX, NM or OK:		\$1,500
Non-profit qualified organization with "not for profit status" (excludes Universities)		\$1,000

Payment Information:

Company: _____
Name on Card: _____
Account Number: _____
Expiration Date: Month: _____ **Year:** _____
Phone #: _____ **Email:** _____

The application was completed by:

Printed Name: _____ **Date:** _____

Signature: _____