

# Application for Corporate Membership

Great Lakes  
Women's  
Business  
COUNCIL

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Corporation: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Does your corporation have an existing minority/diversity purchasing program? \_\_\_\_\_

Does your corporation require WBENC/MBE certification to be considered for women/minority spend? \_\_\_\_\_

What kind of supplier(s) is your company most interested in? \_\_\_\_\_

## Type of Membership

- |  |         |
|--|---------|
| <input type="checkbox"/> Corporate                   | \$2,500 |
| <input type="checkbox"/> Non-Profit Institutions     | \$ 800  |
| <input type="checkbox"/> Government/Higher Education | \$ 500  |

**Total (Invoicing upon request)** \_\_\_\_\_

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Payment Method



Check (make payable to **Great Lakes Women's Business Council**), Check# \_\_\_\_\_



\_\_\_\_\_ Exp \_\_\_\_\_



\_\_\_\_\_ Exp \_\_\_\_\_

**Please complete the membership application and mail the form with your method of payment to:**

**Great Lakes Women's Business Council**  
**33109 Schoolcraft Road, Livonia, MI 48150**

*For additional information on Corporate Membership please call 734-677-1400*