

COUNTY OF SUFFOLK



Steve Levy
Suffolk County Executive

MINORITY BUSINESS DEVELOPMENT COUNCIL

Office of Minority Affairs
100 Veterans Memorial Highway, 11TH Floor
P.O. Box 6100 Hauppauge, New York 11788-0099
(631) 853-4738

MBDC MEMBERSHIP FORM

If you would like to become a member of the MBDC, or would like to update your file, please fill out this form and mail it to the above address.

1. Membership classification: (please check only one)

New member (voting status) _____ Voting membership is open to any minority business entrepreneur who resides or maintains their business in Suffolk County. Applicant must own at least 51% of the business and must control the day-to-day operations of the company.

New member (non voting status) _____ Non-voting membership is open to any minority business entrepreneur who maintains their business outside of Suffolk County, but conducts a large portion of their business within Suffolk County. Applicant must own at least 51% of the business and must control the day-to-day operations of the company.

Resource Agent _____ Governmental or corporate entities that offer procurement opportunities on a large scale basis, agencies that offer services or aid to minority business entrepreneurs and government officials.

Update to membership file _____ for current MBDC members that have a change of information.

2. Business Classification: Contractor _____ Supplier/Vendor
_____ Consultant _____ Manufacturer _____ Other

3. Business Identification:

Company Name: _____

Contact member's name: _____

Address: _____

Telephone No.: _____ Fax No.: _____

E-mail Address: _____ Voice Mail No.: _____

Federal ID No.: _____ Date Started: _____

Products/Services: _____

4. Type of Business:

Sole Proprietor ____ Partnership ____ Corporation ____ Joint Venture ____

5. Type of Ownership: Minority ____

6. List:

| Principal Owner(s) | % Owned | Sex (M/F) |
|--------------------|---------|-----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

7. Certification History: (List agency/corporate and governmental certifications)

Name: (please print) _____ **Date:** _____

Title: _____

Signature: _____

FOR OFFICE USE ONLY

Approved ____ Disapproved ____