

# CORPORATE MEMBERSHIP REGISTRATION

Please complete and return to Mountain Plains MSDC

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

Name of Corporation or Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

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

Name of CEO at Colorado Facility: \_\_\_\_\_

Name of President at Colorado Facility: \_\_\_\_\_

Name of Account Payable Contact: \_\_\_\_\_

Name of Minority Diversity Contact: \_\_\_\_\_

Is there anyone in your company that would like to receive the MPMSDC newsletter "*Council Connect*"?

Name/Title: 1. \_\_\_\_\_

Name/Title: 2. \_\_\_\_\_

Name/Title: 3. \_\_\_\_\_

Name/Title: 4. \_\_\_\_\_

Name/Title: 5. \_\_\_\_\_

Describe the nature of your company's services or products in Colorado (please include company brochures and business cards) \_\_\_\_\_

General needs in the way of suppliers or services:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

## Registration and Annual Dues

	Non-Profit & Government <i>(except Higher Education)</i>	# of Employees – For-profit and Higher Education				
	<b>&lt;500</b>	<b>500 – 1,000</b>	<b>1,000 – 5,000</b>	<b>5,000 – 10,000</b>	<b>10,000+</b>	
Annual Fee	\$3,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000

Please mail application and payment to:

Mountain Plains MSDC  
 6025 S. Quebec St., Suite 135  
 Centennial, CO 80111  
 Telephone (303) 623-3037  
 Fax (303) 595-0027

Authorizing signature: \_\_\_\_\_

Printed Name/Title: \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your support of minority business development and Mountain Plains  
 Minority Supplier Development Council, the premier economic development agency for  
 minority business in the Mountain Plains region.