



NETWORK



MEMBERSHIP APPLICATION

For payment by CHECK, please complete this form & send with payment.
For payment by CREDIT CARD, please go to www.bbala.org.



Name: _____

Title: _____

Company: _____

Address: _____

City: _____

State: _____ Zipcode: _____

Telephone: _____ Fax: _____

Email: _____

Website: _____

Type of Business: _____ Year Established: _____

No. of Employees: _____ Annual Revenue: _____

MBE/WBE Certified By: _____

NAICS Codes: _____

Briefly describe your products and/or services:



GROW



SUCCEED

Select Type of Membership:

New Membership **Renewal Membership**

Regular Member **(\$200 Annual Dues)**

51% African-American-owned, Voting Membership

Corporate Member **(\$2500 Annual Dues)**

Major Corporation, Non-Voting Membership

Associate Member **(\$100 Annual Dues)**

Non-Business Owner, Non-Voting Membership

Student Member **(\$50 Annual Dues)**

Full-Time Registered Student, Non-Voting Membership

Amount Enclosed: \$ _____



JOIN TODAY!

PAYMENT:

Check - payable to: **Black Business Association**
and mail to: P.O. Box 43159, Los Angeles, CA 90043

Credit Card/Online - go to: www.bbala.org

For More Info: Office: (323) 291-9334 | Fax: (323) 291-7820

Email: bbamail2009@gmail.com | Website: www.bbala.org