



MEMBERSHIP APPLICATION



Please complete then submit this form with your payment. *Please type or print.*

Network



Grow



Succeed



Name: _____

Title: _____

Company: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Telephone: _____ Fax: _____

E-mail: _____

URL: _____

Type of Business: _____ Year Established: _____

W/MBE Certified by: _____

NAICS Codes: _____

Briefly describe your products and/or services _____

New membership Renewal Membership

Select Type of Membership _____

- Regular Member-\$200 annual dues
51% African-American owned, Voting membership
- Corporate Member-\$2,500 annual dues
Major corporation, Non-voting membership
- Associate Member-\$100 annual dues
Non-business owner, Non-voting membership
- Student Member-\$25 annual dues
Full-time registered student, Non-voting membership

Amount enclosed \$ _____

Payment type: credit card
 Visa MasterCard

Card #: _____

Signature _____ Exp. Date ____ / ____

Fax Payment to: **323-291-9234**

Payment type: check/money order—*make payable to:*
Black Business Association
Mail to: P.O. Box 43159, Los Angeles, CA 90043 USA

For information
Call: 323-291-9334
Email: mail@bbala.org
Website: www.bbala.org

Join Today!