



HARLEM BUSINESS ALLIANCE, INC.
275 Lenox Avenue, 2nd Floor
New York, New York 10027
Phone: (212) 665-7010 Fax: 866.429.6319

MEMBERSHIP APPLICATION

Legal Name of Company: _____

Address: _____ City _____ State _____ Zip _____

President/CEO: _____ Web Address: _____

Additional Contact Person: _____

Telephone No: () _____ Fax: () _____ E-mail: _____

Ethnic Group: African-American Asian Hispanic Native-American Other

Is this a Women-owned business? Yes No

Percent of Minority Ownership: _____% Woman Ownership: _____%

Type of Ownership: Sole Proprietorship Partnership Corporation S Corporation LLC

Year Established _____ Estimated Annual Sales for Last Year \$ _____ No. of Employees: _____

Business Type: Service Manufacturer Wholesaler Distributor Construction Retail

Business Description: _____

Key Products/Services: _____

Major source of income: Federal Government City Agencies State Agencies Private Sector

Service area: Local Regional National International

Please sign: x _____ Date: _____

Referred By: _____ Company: _____

The annual fee structure is: **General Membership \$100** or **Sponsorship Membership \$1,000**. **Sponsorship Membership** includes all general membership benefits, two tickets to Annual Awards Gala and a quarter page ad in the Gala Program.

*Please make check payable to the **Harlem Business Alliance**.*