



YOUR DIVERSITY PARTNER

CORPORATE MEMBERSHIP AND
ENGAGEMENT APPLICATION



CORPORATE MEMBERSHIP AND ENGAGEMENT APPLICATION

COMPANY NAME _____

COMPANY ADDRESS, CITY, STATE, ZIP CODE _____

PRIMARY CONTACT NAME, TITLE, PHONE, EMAIL ADDRESS

COMPANY WEBSITE ADDRESS(ES) _____

COMPANY DESCRIPTION _____

SECONDARY POINT OF CONTACT, NAME, TITLE, PHONE, EMAIL ADDRESS

C-SUITE REPRESENTATIVE, NAME, TITLE, PHONE, EMAIL ADDRESS

NOTE: This individual will be extended invitations to participate in ChicagoMSDC exclusive C-Suite summits and forums. _____

DESIGNATED NAME(S)/MOBILE NUMBER(S) FOR PUSH NOTIFICATIONS

Note: ChicagoMSDC will send push notifications about events and news to the mobile number(s) listed on this applications. You will have the option to opt out or adjust settings.

HOW DID YOU HEAR ABOUT CHICAGOMSDC? _____

YEAR SUPPLIER DIVERSITY PROGRAM ESTABLISHED _____

NUMBER OF EMPLOYEES _____

BENEFITS OF BECOMING A CORPORATE MEMBER INCLUDE (BUT ARE NOT LIMITED TO):

- Access to a large pool of qualified suppliers
- Strategic sourcing and vetting of suppliers
- Increased visibility of your brand and business as a buyer and seller of goods and services
- Assistance in developing or improving your company's supplier diversity program(s)
- Reduced rate access to ChicagoMSDC's business-building events

AS PART OF YOUR COMMITMENT TO CHICAGOMSDC AND MINORITY SUPPLIER DEVELOPMENT IN CHICAGO, YOUR ORGANIZATION AGREES TO THE FOLLOWING:

- Continually share information about new and upcoming opportunities to do business with your company with ChicagoMSDC to share with minority suppliers
- Provide ChicagoMSDC with an evergreen 10 -15 minute "How To Do Business With Us," instructional video that will be featured on ChicagoMSDC's YouTube Channel
- Utilize the local database and the ChicagoMSDC staff to seek qualified, certified minority suppliers
- Report the number of ChicagoMSDC Certified MBE's your organization utilizes year-over-year
- Review and consider ChicagoMSDC sponsorship opportunities

CORPORATE REFERRAL - If you know of another corporation that could benefit from membership with ChicagoMSDC please provide their information below:
Company Name, Contact Name and Title, Email Address and Phone Number.

ARE YOU AVAILABLE AS A REFERENCE? **YES** _____ **NO** _____



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PLEASE SELECT 1-3 KEY AREAS OF FOCUS WITH THE CHICAGOMSDC:

- Access to ChicagoMSDC's database of qualified suppliers
- Diversity education and training
- Growth of our corporate diversity program(s)
- Support of ChicagoMSDC's programs and services
- Meet our business obligations and requirements
- Network with local minority businesses
- Network with other corporations
- Network with government agencies
- Become a part of the national MSDC network
- Other (Please state) _____

CHICAGOMSDC ANNUAL MEMBERSHIP FEE STRUCTURE AND PAYMENT FORM:

Please be sure to check (x) the appropriate box below:

Non-Profit Organization	FEE \$2,000.00	<input type="checkbox"/>	For-Profit Organization Size		
			# of Employees	1-1,100	FEE \$4,000
				1,001 - 5,000	FEE \$5,000
				5,001+	FEE \$6,000

Company Name _____

Contact Name, Title, Phone, Email Address _____

Company Address, City, State, Zip Code _____

Telephone _____ Fax Number _____

Payment Information - Please be sure to check (x) the appropriate box(es) below:

CHECK# _____ INVOICE? YES _____ NO _____ PURCHASE ORDER #: _____

CREDIT CARD: AMERICAN EXPRESS _____ VISA _____ MASTERCARD _____ DISCOVER _____

CARD # _____ EXPIRATION DATE _____ CVV _____

NAME ON CARD _____

AUTHORIZING SIGNATURE _____

E-mail completed Application and Payment to: Chicago Minority Supplier Development Council, Inc. Attn: Shondra Watson Wilson: SWatsonWilson@ChicagomSDC.org