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NEW YORK VETERAN OWNED BUSINESS ASSOCIATION

PLEASE PRINT LEGIBLY

Name (LAST, FIRST):			
Business Name:			
Business Address:			
Business Phone:			
Business Fax No.:			
Cell Phone:			
Website:			
Email:	@		
BUSINESS TYPE:			
SPECIALIZED FIELD:			
SDVOB ??	Y	N	NYS CERT? Y / N
VOB ??	Y	N	VA CERT? Y / N

******* WE WANT YOUR OPINION *******

HOW OFTEN WOULD YOU LIKE TO MEET ? Monthly Quarterly Bi-Annualy Annually

ARE YOU INTERESTED IN BECOMING A MEMBER/MEMBERSHIP IN NYVOBA ? Yes No

ARE YOU INTERESTED IN BECOMING A BOARD MEMBER OF NYVOBA ? Yes No

attach business card here	COMMENTS: