



NEW YORK VETERAN
OWNED BUSINESS ASSOCIATION, INC.

ASSOCIATE MEMBER REGISTRATION

PLEASE PRINT LEGIBLY

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

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

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

ARE YOU INTERESTED IN BECOMING A MEMBER (OR MEMBERSHIP) IN NYVOBA ? Yes No

attach business card here	COMMENTS: