

Charlotte Main Office
9115 Harris Corners Parkway
Suite 440
Charlotte, NC 28269
(704) 549-1000



Richmond Main Office
707 East Main Street
Suite 1375
Richmond, VA 23219
(804) 663-7782

Membership Application

I. MEMBER PROFILE

Headquartered _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Website _____

Regional Office _____

Address _____

City _____ *State* _____ *Zip* _____

II. KEY OFFICERS (Complete information for all that apply)

Chief Executive Officer _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Supplier Diversity Representative _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Alternate Contact _____ Phone _____

Purchasing Officer _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

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Accounts Payable _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

III. MEMBERSHIP (Select one of the three categories)

Annual Membership Dues

- Level 1 Government/Non Profit..... \$1,250
- Level 2 Employers with 1-500 Employees..... \$1,750
- Level 3 Employers with 501-1000 Employees..... \$2,500
- Level 4 Employers with 1000+ Employees \$3,250

IV. MEMBERSHIP REQUIREMENTS

CVMSDC Members are dedicated and committed to the following:

- Serving as ambassadors for CVMSDC in support of the Council's mission.
- Supporting and promote CVMSDC goals and objectives.
- Establishing a minority business development policy or plan in support of supplier diversity and minority business development.
- Designating a primary contact person from their company to assist minority entrepreneurs with navigating the procurement process.
- Participating in a minimum of two major CVMSDC events and activities annually.
- Supporting CVMSDC programs and services through sponsorship.
- Reporting business activity as requested by the Council (i.e. quarterly, annually).
Please note that all information submitted to the Council is confidential.
- Membership is a requirement to be considered for the Board of Directors

This application was completed by:

Signature _____

Title _____

Date _____

The Carolinas - Virginia Minority Supplier Development Council would like to thank you for your continued support of the Council and its mission.