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| **United States Veterans Chamber of Commerce**Veteran Annual Memebership form | | | |
| Business Contact Information | | | |
| Name: Title: | | | |
| Company name: | | | |
| Phone: | Fax: | E-mail: | |
| Registered company address: | | | |
| City: | | State: | ZIP Code: |
| Date business commenced: | | | |
| Sole proprietorship: | Partnership: | Corporation: | Website: |
| * Please Check Apply |  |  |  |
| * SDVOB | * Veteran | * Gold Star Business | * Veteran Spouse Business |
| * 100% Disabled Caretaker |  | **Other Diversity Classifications:** | * Minority |
| * Woman | * HUBZone Enterprise | * Disabled American |  |
| Business Information | | | |
| Primary business address: | | | |
| City: | | State: | ZIP Code: |
| How long at current address? | | | |
| Telephone: | Fax: | E-mail: | |
| E.I.N: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Duns number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Bank address: | | Phone: | |
| City: | | State: | ZIP Code: |
| Bank ACH: | Routing Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Account number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_ | | |
| Credit/Debit Card Name: | \_\_\_Visa \_\_\_Mastercard \_\_\_Discover Card \_\_\_American Express \_\_\_\_Discover Card | | |
| Credit/Debit Card Number: | Credit Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiration Date: MM \_\_\_\_ YY\_\_\_ CVV\_\_\_\_\_  American Express four-digit code on the front of the card \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dollar Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Checking | Check Number \_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| corporate information (Please Check below) | | | |
| Do you have a Veterans Supplier Diversity: Yes\_\_\_\_ No\_\_\_\_ Starting a Program Yes\_\_\_­\_ No\_\_\_­\_ | | | |
| Do you have a veteran’s employment program: Yes\_\_\_\_ No\_\_\_\_ Starting a Program Yes\_\_\_ No\_\_\_ | | | |
| Would you be willing to serve on our program committees under one of our five (5) pillars Yes\_\_\_ No\_\_\_ | | | |
| Annual membership fee | | | |
| 1. Annual Membership Dues 2. Claims arising from invoices must be made within seven working days. | | | |
| Signatures | | | |
| Print or Type Name:  Title:  Date: | | Print or Type Name:  Title:  Date: | |

**Please send filled out Membership Application to Adrian Guglielmo at** [**A.Guglielmo@usvcc.org**](mailto:A.Guglielmo@usvcc.org)