



Minority Supplier Institute

Small/Minority/Diverse Business Membership Application

Roadmap for Applicants

Should I apply?

- ◆ Is your firm at least 51%-owned by a female individual(s) who also controls the firm?
 - ◆ Is your firm at least 51%-owned by a minority individual(s) who also controls the firm?
 - ◆ Is your firm at least 51%-owned by a socially and economically disadvantaged individual(s) who also controls the firm?
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- ◆ Is the majority owner a U.S. citizen or lawfully admitted permanent resident of the U.S.?
 - ◆ Is your firm a small business that meets the Small Business Administration's (SBA's) size standard and does not exceed \$22.41 million in gross annual receipts?
 - ◆ Is your firm organized as a for-profit business?

Please complete this application if you answered
"YES" to at least ONE of the FIRST THREE questions above
and **"YES" to EACH OF THE LAST THREE questions above.**

ANNUAL MEMBERSHIP FEE: \$200.00

Please make check or money order payable to The Minority Supplier Institute.

**Return application and payment to
Minority Supplier Institute
631 Milam Street, Suite 105
Shreveport, LA 71101**

info@strategicactioncouncil.org

318.562.1155

www.MinoritySupplierInstitute.org

Rev. 10/06/16

Minority Supplier Institute Application for Membership

Section 1: GENERAL INFORMATION

A. Contact Information

Legal Name of Company _____
Contact Person and Title _____
Office # _____ Cell # _____ Fax # _____ Other _____
Primary Email Address _____
Alternate Email _____
Web Site _____
Street Address _____
City, State, Zip Code, Parish _____

B. Business Profile

This company was established on ____/____/____ Primary Financial Institution _____
I/We have owned this company since ____/____/____ Federal EIN: _____
Describe the primary activities of your company:
Type of company (<i>Check all that apply</i>):
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership
<input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other (<i>Describe</i>): _____
Number of Employees: Full-time _____ Part-time _____ Total _____
NAICS Codes: _____
Name of License/Permit Holder Type of License/Permit License/Permit Number

Section 2: OWNERSHIP / CONTROL

Identify all individuals or holding companies with any ownership interest in your company, providing the information requested below (*If more than one owner, attach separate sheets for each additional owner*):

A. Background Information

Name _____ Title _____ Home Phone # _____
Home Address _____
City, State, Zip Code, Parish _____

AFFIDAVIT OF CERTIFICATION FOR DISADVANTAGED BUSINESS ENTERPRISE (DBE)

**A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION
IS SUFFICIENT CAUSE FOR DENIAL OF APPLICATION.**

I _____ (full name printed), swear or affirm that I am
_____ (title) of applicant firm _____ (firm name)

and that I have read and understood all questions in this application and that all foregoing information and statements submitted in this application are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

I acknowledge and agree that any misrepresentations in this application will be grounds for denying membership in Minority Supplier Institute.

THIS SECTION MUST BE SIGNED AND NOTARIZED FOR EACH OWNER UPON WHICH DISADVANTAGED STATUS IS RELIED.

I certify that I am a socially and economically disadvantaged individual who is an owner of the above referenced firm seeking membership as a Disadvantaged Business Enterprise (DBE). In support of my application, I certify that I am a member of one or more of the following groups, and that I have held myself out as a member of the group(s) (circle all that apply):

Female Black American Hispanic American Native American Asian-Pacific American

Subcontinent Asian American Other (specify) _____

I certify that I am socially disadvantaged because I have been subjected to racial or ethnic prejudice or cultural bias, or have suffered the effects of discrimination because of my identity as a member of one or more of the groups identified above, without regard to my individual qualities.

I further certify that my personal net worth does not exceed \$750,000, and that I am economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially and economically disadvantaged.

Executed on _____ (Date)

Signature _____ Signature _____

Your signature above grants Strategic Action Council/Minority Supplier Institute permission to publish news about you and your business in SAC/MSI communications (print and non-print) and to communicate with you via email and text messaging.

NOTARY CERTIFICATE:

AFFIDAVIT OF CERTIFICATION FOR WOMAN-OWNED BUSINESS ENTERPRISE (WOBE)

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF APPLICATION.

I _____ (full name printed), swear or affirm that I am _____ (title) of applicant firm _____ (firm name)

and that I have read and understood all questions in this application and that all foregoing information and statements submitted in this application are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

I acknowledge and agree that any misrepresentations in this application will be grounds for denying membership in Minority Supplier Institute.

THIS SECTION MUST BE SIGNED AND NOTARIZED FOR EACH OWNER UPON WHICH WOMAN-OWNED BUSINESS STATUS IS RELIED.

I certify that I am a female/woman who is an owner of the above referenced firm seeking membership as a Woman-Owned Business. I further certify that the management and daily business operations are controlled by me or other women and that my personal net worth does not exceed \$750,000.

Executed on _____ (Date)

Signature _____

Signature _____

Your signature above grants Strategic Action Council/Minority Supplier Institute permission to publish news about you and your business in SAC/MSI communications (print and non-print) and to communicate with you via email and text messaging.

NOTARY CERTIFICATE: