

Please take a few minutes and fill out this form regarding your business. You will then be directed to a another form that will give us the information needed to help assist you. Thank you for your membership.

Membership ID:

First Name:

Last Name:

Members Email Address:

Point of Contact:

2nd Point of Contact:

Job Title:

Company Name:

Mailing Address:

Credit Card Mailing Address:

City: State:

Zip Code:

Phone Number:

Cell Phone Number:

Fax:

Email Address:

Type of Business 1:

Type of Business 2:

Type of Business 3:

Type of Business 4:

Number of Employees:

NAICS 1:

NAICS 2:

NAICS 3:

NAICS 4:

NAICS 5:

NAICS 6:

Individual Bonding Level - If Const in Million \$:

Agregate Bonding Level - If Const in Million \$:

Web Site Address:

Arizona Elite SDVOB Network Elite SDVOB Network

8[a] Exit Date:

HUB Zone: Small Business/Small Disadvantage:

Women Owned Business: Central Contractor Register:

Elite SDVOB Member USA:

Thank you for your contribution to the Elite SDVOB of Arizona!

Your transaction has been completed.

If you have a Paypal account, you may login at paypal.com to view details of this transaction. If you paid your dues via Paypal, you will be receiving an email with further membership information soon.

Your certificate is now being processed. Please allow 2 weeks.

Please submit your Statement of Qualifications for your company for review of acceptance. This is required for membership.

Company Name:

Email Address:

Attach Statement of Qualifications:

Attach Articles of Incorporation:

SDOVB must attach the following information:

Attach DD-214:

Attach most recent VA letter for disability:

 