



Subscription Services Application Form

Fee: \$150

Requirements: Form must be filled out by a certified MBE who has been certified by one of our affiliated NMSDC councils. All information will be kept confidential. Applications **MUST** be mailed to our office with your check for \$150.

Become a subscriber to the Western Regional Minority Supplier Development Council (WRMSDC). All certified MBEs, within the National Minority Supplier Development Council's (NMSDC) national network, have access to subscription services (this replaces the reciprocal program) from those regional councils outside of their local home council. A subscription entitles a certified MBE to receive access to regional products or services from outside of their home territory, which usually consists of local events and training.

BENEFITS OF MBE SUBSCRIPTION WITH THE WRMSDC:

- Programs presenting opportunities in non-traditional areas, professional services, marketing, branding, etc.
- Bid Opportunities
- Access to Council networking & other business events
- Industry Specific Forums
- Business & Outreach Events
- Access Opportunity Meetings

ELIGIBILITY FOR SUBSCRIPTION SERVICES:

In order to qualify for subscription services, your company must meet the following requirements:

- Must be a certified MBE within the NMSDC network.
- Must be more than 60 days away from your home council certification expiration date when applying for subscription services.

LENGTH OF SUBSCRIPTION SERVICES

The subscription services run concurrently with your home affiliate council certification. The subscription expiration date will be the same as your home council certification expiration date. For example, if Company X is certified with the Southern California Minority Supplier Development Council (SCMSDC) from January 30, 2015 until January 30, 2016, then the subscription expiration date for the WRMSDC Subscription Services will expire on the same date as the SCMSDC certificate —January 30, 2016.

***Note:** Any certified MBE requesting subscription services within 60 days of their certification expiring with their home affiliate council will be asked to withhold their request until recertification with their home affiliate council is completed.*



GENERAL APPLICANT INFORMATION

Company Name _____

Company DBA Name _____

Company Address _____

Street Address _____

City/State/ZIP Code _____

Is the mailing address the same as company address?

YES

NO

If not, please provide details on the lines below.

Mailing Address _____

City/State/ZIP Code _____

CERTIFICATION INFORMATION

Home Council _____

What is the certification expiration date with your home council? (Month/Day/Year) ____/____/____

What were your gross annual sales for the previous fiscal year? _____

CONTACT INFORMATION – PRIMARY

First _____ Last _____

Primary Contact Job Title _____

Primary Contact Email _____

Primary Contact Phone _____ - _____ - _____ Ext. _____

CONTACT INFORMATION – SECONDARY

First _____ Last _____

Secondary Contact Job Title _____

Secondary Contact Email _____

Secondary Contact Phone _____ - _____ - _____ Ext. _____

Completed applications with a check for the \$150 Subscription Services Fee **MUST** be sent to:

**Attn: Certification Committee
Western Regional MSDC
460 Hegenberger Road, Suite 730
Oakland, CA 94621**