

## Complete the Requested Information on the Application Below



### To become a Member or Update your Membership and added to our mailing list:

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

Phone- Home (\_\_\_\_) \_\_\_\_\_ Fax-Home: (\_\_\_\_) \_\_\_\_\_

Branch of Service: ARMY\_\_\_ NAVY\_\_\_ AIR FORCE\_\_\_ MARINES\_\_\_ COAST GUARD\_\_\_ RESERVE or GUARD\_\_\_

Discharge Type \_\_\_\_\_ Date(s) of Service: \_\_\_\_\_

Are you classified "Service Disabled" by the VA? (even if "0" compensation) Yes \_\_\_\_\_ No \_\_\_\_\_

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Business Information: Veteran Owned \_\_\_\_\_ Non-Veteran Owned \_\_\_\_\_

Do you own a business? Yes\_\_\_ No\_\_\_ % Ownership \_\_\_\_\_

Bus Type: Sole\_\_\_ Corp\_\_\_ LLC\_\_\_ Other\_\_\_ (\_\_\_\_\_)

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Year Established: \_\_\_\_\_

Web Address: \_\_\_\_\_

Business Email (If different from Above): \_\_\_\_\_

Phone-Bus: (\_\_\_\_) \_\_\_\_\_ Fax-Bus: (\_\_\_\_) \_\_\_\_\_

Dues are: \$60.00 per Year - for Veteran Owned Business.

\$150.00 per Year - for a Non-Veteran Owner Business.

I am paying by CK: \_\_\_\_\_ Online CCard: \_\_\_\_\_ (Use the CCard Payment Button on Web Page)

**Send Form to Address Below: Enclose Check or use Credit Card on our Website NMVBA.org or Pay at our Monthly Meeting.**

**Directions:** Click the "SAVE FORM" button. This will "SAVE this FORM" on your Computer. Open your Email and attach the SAVED FORM to your Email addressed to the Membership Department at the Email listed BELOW.

New Mexico Veterans Business Advocates

Roger Newall, Treasurer

9712 Arvilla Ave., NE

Albuquerque, NM 87111

(505) 610-1533

nmrefsch@msn.com

For more information and/or to join us, please go to:

**NMVBA.ORG**

Save & Re-Set

Form

Buttons