



2020 MEMBERSHIP APPLICATION

Please send to your completed application via mail (w/check) or email (w/payment via PayPal):

Mail: CBAEC
P.O. Box 367
421 8th Avenue, NY, NY 10116
Email: treasurer@cbaec.org

COMPANY & CONTACT INFORMATION

COMPANY (Parent Company if branch or subsidiary)				CONTACT NAME #1
ADDRESS	CITY	STATE	ZIP	EMAIL*
MAIN TELEPHONE		YEAR FOUNDED		CONTACT NAME #2
WEBSITE				EMAIL*

BUSINESS ORGANIZATION TYPE

- | | |
|--|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Limited Liability Company (LLC) | <input type="checkbox"/> Public |
| <input type="checkbox"/> Sub Chapter S | <input type="checkbox"/> Private |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Limited Partnership (LP) | <input type="checkbox"/> Cooperative |

FIRM DESCRIPTION (Briefly describe the firm's activities; attach an additional sheet if necessary)

ANNUAL REVENUE (Indicate Annual Revenue Last Fiscal Year for your company)

- | | | |
|--|--|--|
| <input type="checkbox"/> 0 – 100,000 | <input type="checkbox"/> 500,001 – 1,000,000 | <input type="checkbox"/> 5,000,001 – 10,000,000 |
| <input type="checkbox"/> 100,001 – 250,000 | <input type="checkbox"/> 1,000,001 – 3,000,000 | <input type="checkbox"/> 10,000,001 – 15,000,000 |
| <input type="checkbox"/> 250,001 – 500,000 | <input type="checkbox"/> 3,000,001 – 5,000,000 | <input type="checkbox"/> 15,000,001 + |

REVENUE PROFILE

_____ % Percentage of your firm's revenue comes directly or indirectly from **public sector** clients

_____ % Percentage of your firm's revenue comes directly or indirectly from **private sector** clients

Business Certification(s)

- | | |
|--|--|
| <input type="checkbox"/> Minority Business Enterprise (MBE) | <input type="checkbox"/> SBA 8a |
| <input type="checkbox"/> Woman Business Enterprise (WBE) | <input type="checkbox"/> HUBZone |
| <input type="checkbox"/> Disadvantaged Business Enterprise (DBE) | <input type="checkbox"/> Service-Disabled Veteran Owned Small Business (SDVOB) |
| <input type="checkbox"/> Small Business Enterprise (SBE) | <input type="checkbox"/> Other _____ |

Geographic Profile (Please tell us where you currently do business)

United States (Indicate each State) _____

International (Indicate each Country) _____

* Please note that by your email will be used to receive electronic communications from CBAEC.

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AREA(S) OF PRACTICE (please indicate the services that your firm provides)

- | | | |
|---|--|--|
| <input type="checkbox"/> Civil Engineering | <input type="checkbox"/> Architecture | <input type="checkbox"/> Environmental Engineering & Science |
| <input type="checkbox"/> Structural Engineering | <input type="checkbox"/> Landscape Architecture | <input type="checkbox"/> Water / Wastewater |
| <input type="checkbox"/> Geotechnical Engineering | <input type="checkbox"/> Mechanical Engineering | <input type="checkbox"/> Chemical Engineering |
| <input type="checkbox"/> Traffic Engineering | <input type="checkbox"/> Electrical Engineering | <input type="checkbox"/> Industrial Engineering |
| <input type="checkbox"/> Transportation Engineering | <input type="checkbox"/> Plumbing Engineering | <input type="checkbox"/> Petroleum Engineering |
| <input type="checkbox"/> Construction Management | <input type="checkbox"/> Fire Protection Engineering | <input type="checkbox"/> Aerospace Engineering |
| <input type="checkbox"/> Program Management | <input type="checkbox"/> Acoustical Engineering | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Land Surveying / GIS / Mapping | <input type="checkbox"/> Marine & Coastal | <input type="checkbox"/> Other _____ |

MARKET SECTOR(S) (Please indicate the market sectors in which you currently do business)

- | | |
|---|--|
| <input type="checkbox"/> Government (Federal & State) | <input type="checkbox"/> Land Development (Residential) |
| <input type="checkbox"/> Government (County & Local) | <input type="checkbox"/> Land Development (Commercial & Industrial) |
| <input type="checkbox"/> Transportation – Roads, Highways and Bridges | <input type="checkbox"/> Hospitality & Leisure |
| <input type="checkbox"/> Transportation – Airports & Marine Ports | <input type="checkbox"/> Parks & Open Space |
| <input type="checkbox"/> Transportation – Mass Transit (Rail & Bus) | <input type="checkbox"/> Solid Waste & Recycling |
| <input type="checkbox"/> Energy (Power) | <input type="checkbox"/> Water & Wastewater |
| <input type="checkbox"/> Energy (Oil & Gas) | <input type="checkbox"/> Institutional (Religious, Cultural, & Non-Profit) |
| <input type="checkbox"/> Education (K – 12) | <input type="checkbox"/> Healthcare |
| <input type="checkbox"/> Education (Colleges & Universities) | <input type="checkbox"/> Telecommunications |

MEMBERSHIP TYPES & ANNUAL MEMBERSHIP FEE

(Please select one or more membership options. ONLINE PAYMENT VIA PayPal to treasurer@cbaec.org)

MEMBER[†] Members are firms that are at least 51% owned and actively managed by black individuals. Members receive monthly newsletter about CBAEC initiatives and activities. Members receive access to legislative and research reports, business contract and partnership templates, member directory, invitations to CBAEC sponsored and/or affiliated events. Members vote on major CBAEC organizational and advocacy initiatives as determined by governance committee.

# of Employees	Annual Dues (\$)	Annual Dues (\$) (PayPal rate only)
1 – 19	1,250	1,287.02
20 – 49	2,500	2,574.36
50 – 99	3,750	3,861.69
100 +	5,000	5,149.02

AFFILIATE[†] Affiliates are firms that provide services that will benefit CBAEC member firms. Affiliates receive access to CBAEC member firm list, and are allowed to market their services to member firms once such services are reviewed and approved by CBAEC. Affiliates must provide value (qualitative and quantitative) to CBAEC member firms.

# of Employees	Annual Dues (\$)	Annual Dues (\$) (PayPal rate only)
1 – 19	625	643.36
20 – 49	1,250	1,287.02
50 – 99	1,875	1,930.69
100 +	2,500	2,574.36

PAYMENT

Please prepare a check payable to: **COUNCIL OF BLACK ARCHITECTURE AND ENGINEERING COMPANIES**

SIGNATURE

PRINT NAME

DATE

I represent that I am authorized to make payment on behalf of the Company. I further understand that payments are non-refundable.

[†] Annual fees are due by January 31st of each year. Payments after January 31st will be prorated based on the monthly rate. **Prorated payments DO NOT apply to 2020 membership period.**