

BUSINESS DEVELOPMENT DIVISION
Disadvantaged Business Enterprise (DBE) Program
ASSOCIATION MEMBERSHIP PROGRAM APPLICATION

Instructions: Return completed form with supporting documentation to: Michigan Department of Transportation, Office of Business Development, P.O. Box 30050, Lansing, Michigan 48909. If you need assistance, please contact us by phone at (866) 323-1264.

FIRM NAME <i>(Print or Type)</i>			
ADDRESS		CITY	STATE ZIP
TELEPHONE NO.		FAX NO.	
FEDERAL I.D. NO.			DATE
AUTHORIZED OFFICIAL NAME		TITLE	
TELEPHONE NO.			

Check the box(es) that best describes the association:

- | | |
|--|---|
| Highway all
Highway heavy construction
Materials/Testing
Professional (accounting, insurance, etc.)
Design
Other: _____ | Surveying
Engineering (civil, architectural, etc)
Public Relations
Service/Trade
Supplier |
|--|---|

NAME OF ASSOCIATION			
ADDRESS		CITY	STATE ZIP

THIS ASSOCIATION WILL BENEFIT MY FIRM BY: (Be specific as this will be the major factor in determining eligibility and attach additional sheets as necessary)

ASSOCIATION MEMBERSHIP FEES (per year) \$	INITIATION FEES (if applicable) \$	TOTAL ESTIMATED COST \$
--	---------------------------------------	----------------------------

Attach association membership application information here (include membership fee documentation).

I certify that all information presented in this application is factual and true.

AUTHORIZED NAME <i>(Please print)</i>		TITLE
AUTHORIZED SIGNATURE		DATE

MDOT USE ONLY		
APPROVED AMOUNT	REVIEWED DATE	APPROVED DATE