



**Minority Interchange, Inc
New York Chapter**

P.O. Box 2908, Grand Central Station, New York, NY 10163

Membership Application

Name: _____

Company: _____

Department _____

Job Title _____

Location/Room # _____

Telephone # _____

Email Address _____

Mailing Address _____

_____ **Home** _____ **Business**

Street _____

City _____ **State** _____ **Zip** _____

Membership Type _____ 1 Year \$20 _____ 2Years \$35 _____ Contribution (please specify) _____

MI Committee Interest: _____ Community Relations _____ Membership _____ Scholarship
_____ Corporate Expansion _____ Newsletter _____ Special Activities
_____ Education & Training _____ Public Relations _____ Technology
_____ General Meetings

What stimulated your interest in Minority Interchange?

Suggestions for future activities or meetings?

Please make your check or money order payable to *Minority Interchange, Inc*

Check/Money Order # _____

Signature _____ **Date:** _____

Return to: _____
Minority Interchange Membership Rep.

www.minewyork.org