



DIVERSITY
ADVANCEMENT ALLIANCE GROUP

MEMBERSHIP APPLICATION

BUSINESS CONTACT INFORMATION

Company Name:

Contact Name:

Title:

Phone:

Fax:

E-mail:

Company Address:

City:

State:

Zip Code:

Other Locations

Other Locations

State:

Zip Code:

Website:

Date Business Started:

Percent Ownership:

Ethnicity: ☐ African American ☐ Hispanic ☐ Asian ☐ Other:

Gender: ☐ Male ☐ Female

Certifications/Affiliations
(Circle Those That Apply)

☐ CVMSDC ☐ SCDOT ☐ SBA ☐ MBE ☐ 8A ☐ OSMBA ☐ Other:

Structure
(Circle Those That Apply)

☐ Sole Prop ☐ Partnership ☐ Corporation ☐ LLC ☐ Other:

BUSINESS SERVICES/PRODUCTS

SIC/NAICS Codes:

ANNUAL REVENUE:

2015

2016

ANNUAL PROFIT:

2015

2016

BRIEF DESCRIPTION OF YOUR COMPANY /COMMENTS

BRIEF ANALYSIS OF YOUR COMPANY IN CURRENT STATE –SUCCESES, ISSUES, BARRIERS, ETC./COMMENTS

MBE TEAMING/AFFILIATIONS	
CHARITABLE/PHILANTHROPIC ACTIVITY	
BUSINESS GROWTH INFORMATION	
Please check if the business has:	
<input type="checkbox"/> Written Business Plan (Year Written _____)	<input type="checkbox"/> Growth Strategy
<input type="checkbox"/> Succession Plan/Key Man Life Insurance	<input type="checkbox"/> Written Position Duties (Management and below)
<input type="checkbox"/> Human Resource Policies & Guide	<input type="checkbox"/> CPA Compiled Financial Statements
<input type="checkbox"/> Marketing Plan	<input type="checkbox"/> Other
SERVICES DESIRED	
Check services you are interested in learning more about:	
<input type="checkbox"/> Business Plan	<input type="checkbox"/> Access to Buyers
<input type="checkbox"/> Strategic Session Facilitation	<input type="checkbox"/> Human Resource Development
<input type="checkbox"/> Profitability & Financial Analysis	<input type="checkbox"/> Other
<input type="checkbox"/> Capital Sourcing	<input type="checkbox"/> Capturing Metrics
<input type="checkbox"/> Marketing Plan	<input type="checkbox"/> Diversity Assessments/Program
<input type="checkbox"/> Responding to or Writing Proposals	<input type="checkbox"/> Other
PLANNED AND STRATEGIC GOALS	

Return form to : Diversity Advancement Alliance Group
 ATTN : Miranda Nichols
 3675 Leeds Avenue
 North Charleston, SC 29405

 Email : JNichols@charlestoncounty.org

 843.697.20155