Alabama Microenterprise Network (AMN)
Membership Application

As a member of the Alabama Microenterprise Network (AMN), you are joining an organization that is committed to spreading the word about the impact that microbusinesses have on our communities and our State and supporting our microenterprise service providers as they reach out and lift up our microbusinesses.

Why Join AMN

- Access to national and regional level information about small and microbusinesses
- Access to key leaders in the Alabama small business ecosystem
- Access to the AMN monthly newsletter
- Networking opportunities
- Professional development opportunities
- Member recognition on the AMN website
- Discounts to the AMN Forum and other events
- Discounted rates on upgrades to your AMN Small Business Resource Directory listing

AMN Annual Membership Types

- **Individual Membership** $75.00
  (Open to an individual or student who supports the work of the Alabama Microenterprise Network. This membership stays with the individual.)

- **Microbusiness Service Provider Membership** $200.00
  (Open to nonprofit organizations that provide direct services to microbusinesses.)

- **Business Membership** $350.00
  (Open to for-profit businesses/organizations that provide direct services to microbusinesses or supports the work on microbusiness services providers)
  - Annual budget is $1,000,000.00 or less
  - Annual budget greater than $1,000,000.00 $500.00

Membership Information

Name / Organization: ____________________________________________________________

Contact Person Name and Title: _________________________________________________

Address: ____________________________________________________________________

City/State/Zip Code: ___________________________________________________________
Phone: __________________________

Email Address: _______________________________________________________________

Website (if applicable): _____________________________________________________

Signature of person completing application:

____________________________________________________________________________________

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Name of person designated to represent your organization (if different)

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Please return this application along with your payment to:
Alabama Microenterprise Network
P.O. Box 1882
Birmingham, Alabama 35201

For more information about AMN visit our website at [www.microenterprisealabama.org](http://www.microenterprisealabama.org)