



Northeast Veteran Owned Business Network, Inc.

Membership Application

Firm Name: _____

Firm Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Veteran Owner(s) _____

Date of Service: From _____ To _____ Branch: _____

Please Attach:

A copy of your DD-214

Certification of Disability from VA or Certification of Disability from VA or
Recognized State Agency (for SDVOB Status)

Are your ProNet Registered? Yes No

Are you CCR Registered? Yes No

Have you received SBA Guaranteed Financing? Yes No Pending

Do you participate in any State PTAC Programs? Yes No Need Info

DUNS Code: _____

CAGE Code: _____

NAICS Codes of your Firm: _____

Size of your firm: _____

Dues Paid @ \$50.00 for each 10 employees: _____

I, hereby certify that fifty-one percent or more of _____,
is owned by a Service Disabled Veteran/ Veteran and that the day to day management of
the operation is conducted by the above cited veteran owner.

Signature: _____ Date: _____

Approved by: _____ Date: _____