

2008 Buffalo Niagara Partnership Verification Form

Please return this form as soon as possible to ensure data accuracy

Please note, we are requesting 6 data items - which are highlighted - that will not be published

Member Id#: _____

You will be listed in the membership directory as follows:

Firm Information		Revised Info:
Firm Name		
DBA Name (if Applicable)		
Address (line 1)		
Address (line 2)		
City, State, 9-Digit Zip Code		
Phone		
Fax		
Web Site (will be published)		
Year Founded		
Location of Headquarters (will not be published) _____		
Number of Employees (local) <i>(does not affect membership dues)</i>	Full Time _____ Part Time _____ Total Number of FTE Employees: _____ (2 p/t = 1 f/t)	% Employee Growth over last fiscal yr. <i>(will not be published)</i> _____%
Of the totals above, please indicate the number of accountants, architects, engineers, lawyers, or physicians in your organization: _____		
Ownership Characteristics/Certifications (check all that apply) *Please include a copy of certification		
<input type="checkbox"/> Woman-Owned <input type="checkbox"/> *Certified WBE (Woman Business Enterprise)		
<input type="checkbox"/> Minority-Owned <input type="checkbox"/> *Certified MBE (Minority Business Enterprise) <input type="checkbox"/> *Certified DBE (Disadvantaged Business Enterprise)		
Revenue Information (will not be published)	% Revenue Growth over last fiscal yr. <i>(will not be published)</i>	Largest Market for Sales <i>(will not be published)</i>
<input type="checkbox"/> <\$50k <input type="checkbox"/> \$500k - \$1m <input type="checkbox"/> >\$5m <input type="checkbox"/> \$50k - \$250k <input type="checkbox"/> \$1m - \$2m <input type="checkbox"/> \$_____ other <input type="checkbox"/> \$250k - \$500k <input type="checkbox"/> \$2m - \$5m	_____%	check <input type="checkbox"/> Regional <input type="checkbox"/> Canada only one: <input type="checkbox"/> State-wide <input type="checkbox"/> International <input type="checkbox"/> National <input type="checkbox"/> Other
Business Description		
This information is used to describe your firm in the membership directory and on the Partnership's website. Please revise if necessary, and be sure to limit yourself to 250 characters.		
NAICS Code: _____ (will not be published)		
Business Classification(s):		
Your primary business classification accompanies your listing in the directory's white pages. It also indicated where your company's description appears in the yellow pages section.		
Classified listings must be in accordance with standard yellow pages		
Primary Classification:		
Additional yellow pages classified listings can be purchased for \$75 each. Please enclose payment with your form.		
Additional Listings: 1. _____ 2. _____		
<input type="checkbox"/> DO NOT LIST IN DIRECTORY		

Number of branches/affiliates:

