

Diversity Consortium

OF TOMPKINS COUNTY

P.O. Box 6714
Ithaca, NY 14851-6714

APPLICATION FOR AFFILIATION

Company Name: _____ Date: _____

Name of Applicant: _____

Title: _____

Mailing Address: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

Chief Executive (top local official): _____

Please use the space below to explain your organization's interest in joining the Diversity Consortium of Tompkins County, Inc., and the anticipated impact it will have on your organization.

Please identify your organization type:

- | | | | |
|--|------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Banking and Finance | <input type="checkbox"/> Education | <input type="checkbox"/> Health Care | <input type="checkbox"/> Human Services |
| <input type="checkbox"/> Non-profit (type) | <input type="checkbox"/> Retail | <input type="checkbox"/> Other _____ | |

Please specify your organization size:

- | | |
|--------------------------------|----------------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 51-200 |
| <input type="checkbox"/> 2-25 | <input type="checkbox"/> 201-500 |
| <input type="checkbox"/> 26-50 | <input type="checkbox"/> 500+ |

Applications are subject to review. You will be contacted via e-mail correspondence.

Applicant Signature: _____ Date: _____

DCTC Signature: _____ Approval Date: _____