



NABA TRIBAL MEMBER BUSINESS PROFILE

Tribe Name _____

Tribe Address _____

City _____ State/Province _____ Country _____ Zip Code _____

Legal Structure: ___ Corporation ___ Sole Proprietorship ___ Partnership ___ LLC ___ Other ___

Telephone _____ Fax _____ Pager _____ Cell _____

E-Mail _____ Web Address _____

Signature _____ Date _____

Print Name _____ Title _____

Please send completed form to:

Native American Business Alliance
23400 Michigan Ave Suite 503 – Dearborn, MI 48124
(T) 248-988-9344 - (F) 248-988-9348
www.native-american-bus.org - naba@n-a-b-a.org