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Illinois State Microenterprise Initiative

Name of Organization: _____

Contact: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

Website: _____

Geographic Area Served: _____

Service Provided:

Loan Amount of Loan _____

Technical Assistance

- 12-week starting a business class
- Small business seminars
- One-on-one counseling

Small Business Owner

Government program manager (please explain what type)

I would like to join the following ISMI committee:

Education

Membership and Marketing

Resource Development

**Please return form to:
ISMI, 4550 Kennedy Drive, Ste. 2, East Moline, IL 61244**