



Shareholder Owned Business and Service Directory Form

Business Owner/Service Provider Information

Last Name		First Name		Middle Initial
Mailing Address			City	State Zip Code
Home Phone	Message Phone	Cell Phone	Email	
The above person is the:				
<input type="checkbox"/> Sole Business Owner <input type="checkbox"/> Partial Business Owner (percentage of ownership: _____) <input type="checkbox"/> Primary Service Provider				
The above person is an:				If descendant or spouse list related Shareholders name
<input type="checkbox"/> ANC Shareholder <input type="checkbox"/> ANC Descendant* <input type="checkbox"/> ANC Shareholder Spouse				
*Descendant is defined as a child, grandchild, or legally adopted child of an ANC Shareholder				

Business/Service Information

Business/Service Name				
Contact Name (if different than above)	Does the business have a state issued business license? <input type="checkbox"/> Yes <input type="checkbox"/> No		Business License Number and State	
Special certifications held by the business (check all that apply)				
<input type="checkbox"/> 8(a) <input type="checkbox"/> SDVOB <input type="checkbox"/> WOB <input type="checkbox"/> MOB <input type="checkbox"/> Other: _____				
Mailing Address			City	State Zip Code
Phone(s)	Fax	Website	Email	

(Turn over to complete page 2 of the form)

Type of Business/Service Provided (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Caterer |
| <input type="checkbox"/> Aircraft Charter Service | <input type="checkbox"/> Guide Service (circle: hunting, fishing) |
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Janitorial |
| <input type="checkbox"/> Automobile Services | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Accommodations | <input type="checkbox"/> Trade (circle: construction, welding, plumbing, other: _____) |
| <input type="checkbox"/> Boat Charter | <input type="checkbox"/> Artist |
| <input type="checkbox"/> Other: _____ | |

Brief description of business or service provided or the type of artwork for sale (attach additional pages if necessary)

- Attach any promotional items you may have about your business or service (i.e. business cards, brochures).
- If you are an artist, you may attach up to one photo of an example piece of artwork. This picture will be posted on the Afognak website.

Quyanaa (thank you) for completing the Shareholder Owned Business and Service Directory form! The Shareholder Owned Business and Service Directory form is not a contract for services, it is an internal tool provided to Afognak Native Corporation Shareholders, descendants, and spouses of Shareholders to help promote their businesses and services. Completing this form does not guarantee Afognak employees, vendors or partners will utilize a business or service or purchase goods from your business or service. Program participants are responsible for keeping their listing current at all times by notifying Afognak Native Corporation of any changes to their business or service. Approximately once a year, Afognak Native Corporation will update the Shareholder Owned Business and Service Directory by contacting program participants directly. If a program participant does not respond to the inquiry, the listing will be dropped from the directory. **By signing this form you certify that the information reported herein is accurate and you authorize Afognak Native Corporation to distribute information about your business or service through its website, direct mail outs, and any other methods it deems necessary.**

Signature

Date

Return complete and signed form to Shareholder Services:

Afognak Native Corporation
Attn: Shareholder Services
3909 Arctic Blvd, Suite 500
Anchorage, AK 99503
907-222-9501 fax
907-222-9500 phone
shareholderservices@afognak.com