



New Member Application & Information

(Please print or type)

Business or Person's name: (Use the name you want to be known as and as it will appear in the Membership Directory and on the web site.)

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

County _____ Phone _____ Fax: _____

E-mail address: _____ Web Site: _____ Don't publish fax email

Preferred Method of Communication: Mail E-mail Fax If you prefer not to receive faxes, check here

Number of Employees: _____ Full Time _____ Part Time (please note that two part-time employees are equal to one full-time employee)

Date Business was Established: ____/____/____

SIC Code*: Primary: _____ Others (if applicable): _____

**Standard Industrial Classification. If not known, leave blank or look up at www.siccode.com*

Check One: Construction Distribution Mining Transportation Communications/Utilities

Manufacturing Wholesale Retail Services Other

Engineering & Technology Development FIRE (Finance, Insurance, Real Estate)

Check one or more: (if applicable): Female Owned Minority Owned Home Based

Type of Organization (check one): Corporation Partnership Sole Proprietorship LLC Non-Profit Other

If Corporation: Publicly Held Privately Held

Government Contractor: Local State Federal

Check one or both (if applicable): Exporter Importer

Description of Products and

Services: _____

Reason for Joining: _____

Referred by: _____

Name and title of person to be designated as **Primary Member** to receive mailings and other correspondence:

(Primary and Secondary Members will be listed as contacts in the Partnership's Business Directory)

(Circle) Mr. Mrs. Ms. _____ Title: _____

Fax (if different from above): _____ E-mail: _____

Preferred Web Username: _____ Preferred Web Password: _____

Secondary Member:

(Circle) Mr. Mrs. Ms. _____ Title: _____ E-mail: _____

Address (if different from main address): _____

Preferred Web Username: _____ Preferred Web Password: _____

Key personnel - Local key executives or officers. We will treat personal e-mail addresses confidentially. (If address is different from address above, please specify)

(Circle) Mr. Mrs. Ms. _____ Title: _____ E-mail: _____

Address(if different from main address): _____

(Circle) Mr. Mrs. Ms. _____ Title: _____ E-mail: _____

Address(if different from main address): _____

(Circle) Mr. Mrs. Ms. _____ Title: _____ E-mail: _____

Address(if different from main address): _____

(Circle) Mr. Mrs. Ms. _____ Title: _____ E-mail: _____

Address(if different from main address): _____

(Circle) Mr. Mrs. Ms. _____ Title: _____ E-mail: _____

Address(if different from main address): _____

Other local executives with these responsibilities:

Sales/Marketing: _____ Title: _____ E-mail: _____

Address(if different from main address): _____

HR/Personnel: _____ Title: _____ Email: _____

Address(if different from main address): _____

INVESTMENT LEVELS

100% of membership investment is tax deductible as a business expense	Total Number of Employees	Investment Level	Note: Two part-time employees equal one full-time
	1 - 10.....	\$75.00	
	11 - 50.....	\$100.00	
	51 - 100	\$150.00	
	Over 100	\$200.00	
	Non-profits	\$50.00	

Annual Investment based on _____ full-time equivalent employees: _____

Processing Fee: _____

TOTAL: _____

Payment Method: Check enclosed Invoice* Credit Card

Visa/MasterCard/American Express Account: _____ Expiration Date: _____

Authorized Representative _____ Signature _____

*If invoice is going to be sent to someone other than primary member, please specify:

(Circle) Mr. Mrs. Ms. _____

Fax (if different from above): _____ Email: _____

For office use only: Sales Rep: _____ Directory Class: _____ WP Del: _____ ID # _____ Date: _____
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