



# NEW MEMBER APPLICATION

Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Web Site: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Please send invoice to the address below (if different from above):*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Attach copy of Business License – All Memberships are subject to Board of Directors Approval**

### COMPANY PROFILE

Number of employees: \_\_\_\_\_ full time  
(Two part time emp. = one full time emp.)

Number of employees: \_\_\_\_\_ part time

### MEMBERSHIP INVESTMENT

Membership Fee \$ \_\_\_\_\_

Set-Up Fee **\$35.00** \_\_\_\_\_

Total Enclosed: \$ \_\_\_\_\_

### **Credit Card Info:**

Name (as it appears on card): \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVC# \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Membership Fees:**

1-5 Employees \$250.00 Annually

6-24 Employees \$350.00 Annually

25-99 Employees \$425.00 Annually

100-150 Employees \$650.00 Annually

150 & Over Employees \$725.00 Annually

Associations 1-20 Members \$250.00 Annually

Associations 20+ Members \$350.00 Annually

Non-Profit Member \$125.00 Annually

Individual Member \$250.00 Annually

Home Based Business \$145.00 Annually

### **Nature of your business (please check off the most appropriate answer)**

- |  |   |                                       |  |  |
|--|---|---------------------------------------|--|--|
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Automotive       | <input type="checkbox"/> Construction | <input type="checkbox"/> Financial (banks) | <input type="checkbox"/> Finance       |
| <input type="checkbox"/> Hotel         | <input type="checkbox"/> Apartments       | <input type="checkbox"/> Insurance    | <input type="checkbox"/> Real Estate       | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Professional  | <input type="checkbox"/> Public Utilities | <input type="checkbox"/> Publishers   | <input type="checkbox"/> Radio TV          | <input type="checkbox"/> Restaurants   |
| <input type="checkbox"/> Retailer      | <input type="checkbox"/> Wholesale/Dist.  | <input type="checkbox"/> Services     | <input type="checkbox"/> Transportation    | <input type="checkbox"/> Diversified   |
| <input type="checkbox"/> Non-Profit    | <input type="checkbox"/> Other: _____     |                                       |  |  |