

## MEMBERSHIP APPLICATION

### BUSINESS INFORMATION:

Company \_\_\_\_\_

Primary Contact \_\_\_\_\_

Title \_\_\_\_\_ E-mail \_\_\_\_\_

Billing Contact \_\_\_\_\_

Title \_\_\_\_\_ E-mail \_\_\_\_\_

Billing Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Company Website \_\_\_\_\_

## MEMBERSHIP DIRECTORY CATEGORY

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Accomodations   | <input type="checkbox"/> Individual            | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Dining          | <input type="checkbox"/> Industrial            | <input type="checkbox"/> Utilities   |
| <input type="checkbox"/> Entertainment   | <input type="checkbox"/> Non Profit            | <input type="checkbox"/> _____       |
| <input type="checkbox"/> Health Services | <input type="checkbox"/> Professional Services |                                      |

## TYPE OF MEMBERSHIP

- |   |       |   |       |
|---|-------|---|-------|
| <input type="checkbox"/> Individual                   | \$50  | <input type="checkbox"/> Business 11+ Employees | \$160 |
| <input type="checkbox"/> Civic Clubs                  | \$50  | <input type="checkbox"/> Industry               | \$310 |
| <input type="checkbox"/> Home Based Business          | \$75  | <input type="checkbox"/> Institutions           | \$450 |
| <input type="checkbox"/> Business Up to 2 Employees   | \$100 | <input type="checkbox"/> Utilities              | \$500 |
| <input type="checkbox"/> Business from 3-10 Employees | \$125 |   |       |

## PAYMENT INFORMATION

Payment Method:  Check  Visa  Mastercard  American Express  Discover

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_