

Business Name: _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ E-Mail: _____

Phone: () _____ Fax: () _____ Web: Site _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Signature _____ Date ____/____/____

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

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Attach copy of current 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 \$ _____

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

Non-Profit Member \$125.00 Annually
Individual Member \$250.00 Annually
Home Based Business \$145.00 Annually

Associations 1-20 Members \$250.00 and above Members \$350.00 Annually

Nature of your business (Please circle the most appropriate answer)

- | | | | | |
|--------------------|-----------------------|-------------------|------------------------|--------------------|
| (01) Entertainment | (02) Automotive | (03) Construction | (04) Financial (banks) | (05) Finance |
| (06) Hotels | (07) Apartments | (08) Insurance | (09) Real Estate | (10) Manufacturing |
| (11) Professionals | (12) Public Utilities | (13) Publishers | (14) Radio TV | (15) Restaurants |
| (16) Retailer's | (17) Wholesale/Dist. | (18) Services | (19) Transportation | (20) Diversified |
| (21) Non-Profit | (22) Other: _____ | | | |