



Membership Application

Linking Community & Business

Each business must have a minimum of one representative.

Company:	
Representative:	Title:
Physical Address:	City/Street/Zip:
Mailing Address:	City/Street/Zip:
Phone:	Fax:
Website:	E-Mail:
Do you want your e-mail to be listed on our website?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Description (max of 25 words):	
Number of Employees:	For Office Use Only:
Cash: Check #:	
Recruited by:	
Date:	
<i>Membership to be approved by Board of Directors</i>	
Amount Paid:	
Date Recorded:	
Staff Initials:	