



### Membership Application Form

NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ P.O. BOX: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

DATE BUSINESS OPENED: \_\_\_\_\_

NUMBER OF EMPLOYEES: \_\_\_\_\_

#### Membership Annual Fee

PLATINUM: \$10,000

GOLD: \$5,000

SILVER: \$3,000

REGULAR: \$840

ACADEMIC/STUDENT: \$250

\_\_\_\_\_  
PRINTED NAME

PLEASE INVOICE ME!

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE