**Membership Application**

**Personal Information** *(for internal use only)*

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| City: |  | State: |  | Zip: |  |
| Phone: |  | Cell: |  |
| Email: |  |

**Business Information** *(for website and promotion)*

|  |  |
| --- | --- |
| Business Category: |  |
| Business Name: |  |
| Representative Name: |  |
| Title: |  |
| Address: |  |
| City: |  | State: |  | Zip: |  |
| Phone: |  | Fax: |  |
| Email: |  |
| Website: |  |
| # employees: |  | Year Business Established: |  |

Brief description of your business and the services provided:

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|  |
|  |
|  |

**Membership Type** *(please check one)*

🞐 Individual $40 🞐 Business $75