



Membership Form

SIC Code: _____

Referred By: _____

Business/Company Name: _____

Representative/Contact Name: _____

Representative Position/Title: _____

Representative Email: _____

Business/Company Web Address: _____

Representative's Birthdate: _____

Number of Employees: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing/Billing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____

Fax: _____ Cell: _____

Card Holder's Name: _____
Card Number: _____
Expiration Date: _____
Signature: _____

Annual Membership Dues:

- \$125 Non-Profit
- \$200 Single Proprietor Membership
- \$250 Membership Investment
- \$420 Advantage Membership
- \$795 Signature Sponsorships
- \$1,495 Premier Sponsorship
- \$2,500 Elite Sponsorship
- \$5,000 Partner Sponsorship
- \$10,000 Presidential Sponsorship

Monthly payment options:

- Monthly
- Quarterly
- Twice a Year

Payment Method:

- Visa
- MasterCard
- AMEX
- Discover

*Memberships renew on anniversary dates.
Memberships exceeding 30 days within re-
newal payment date will be dropped.*

Maximum 10 word description of the service/product the representative provides:
