



## MEMBERSHIP REGISTRATION

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Principal Contact: \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Representative/Other: \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

\_\_\_\_\_

Website: \_\_\_\_\_

Number of Employees: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Seasonal/other: \_\_\_\_\_

Advertisement: YES \_\_\_\_\_ NO \_\_\_\_\_ Marketing: YES \_\_\_\_\_ NO \_\_\_\_\_

Event Participation: YES \_\_\_\_\_ NO \_\_\_\_\_

Date Membership Paid: \_\_\_\_\_

Cc: Membership/Treasurer

