

MEMBERSHIP APPLICATION

Business Member

Company Name: _____

Company Representative: _____

Title: _____

Address: _____

Business Phone: _____ Cell Phone _____

Fax: _____

Email: _____

Web Site: _____

Number of Employees: _____ Type of Business _____

Suggested categories for directory listing: A. _____

B. _____

Resident Patron Member

Name: _____

Address: _____

Phone: _____ Cell Phone _____

Fax: _____

Email: _____

Name of Member Sponsor: _____

Sponsor Phone: _____

Business Regular Member \$175

Resident Patron \$75

Please consider adding the following options: Website link fee \$25
 Scholarship Fund Donation \$ _____

Please mail application with check or fax with credit card information:

Check Cash (please do not send cash through the mail) Credit Card

Card Type (MC/Visa only)	Card #	Amount Paid	Expiration Date
			/

Name as it appears on the Credit Card	Authorized Signature	3 Digit Security Code

This application is subject to approval by the Board of Directors. There could be (up to) a one month waiting period before membership is activated. If membership is denied, payment will be refunded.

Your investment is tax deductible as a business expense & is renewable every year on January 1 unless cancelled in writing. Memberships effective during the last quarter of a year will only be charged for the final quarter.