



MEMBERSHIP APPLICATION AND RENEWAL FORM

New Membership

Membership Renewal

LAST NAME: _____ FIRST NAME: _____

BUSINESS NAME: _____ TITLE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE (WORK): _____ (CELL): _____

FAX: _____ EMAIL: _____

WEBSITE: _____

DESCRIPTION OF BUSINESS: _____

AREAS OF EXPERTISE: _____

HOBBIES: _____

OTHER MEMBERS WHO MAY ATTEND EVENTS: _____

MEMBERSHIP CATEGORIES (membership fee is annual – please check one):

Student (must have Student ID)

New business less than 1 year old - \$99.00

Business with 1-25 employees - \$150.00

Business with 26-100 employees - \$300.00

Business with over 100 employees - \$500.00

PAYMENT METHOD (circle method and complete as appropriate):

CASH CHECK – AMOUNT: _____ CHECK NUMBER: _____

CREDIT CARD: MASTERCARD VISA DISCOVER AMERICAN EXPRESS

ACCOUNT NUMBER: _____ CVV: _____

AUTHORIZED AMOUNT: _____ EXPIRATION: _____

NAME ON CARD: _____

SIGNATURE: _____

CREDIT CARD BILLING ADDRESS (IF DIFFERENT FROM ABOVE): _____
