



# Membership Application

Linking Community & Business

*Each business must have a minimum of one representative.*

Company:	
Representative:	Title:
Physical Address:	City/Street/Zip:
Mailing Address:	City/Street/Zip:
Phone:	Fax:
Website:	E-Mail:
Do you want your e-mail to be listed on our website?	
Yes                      No	
Business Description (max of 25 words):	
Number of Employees:	
Cash:	Check #:
Recruited by:	
Date:	
<i>Membership to be approved by Board of Directors</i>	
<b>For Office Use Only:</b>	
Amount Paid:	
Date Recorded:	
Staff Initials:	