
Membership Application

Organization Name: _____

Contact name: _____

Physical Address: _____

Mailing Address: _____

Business Phone: _____

Mobile Phone: _____

Email: _____

Website URL: _____

Facebook URL: _____

Product or Service: _____

Number of Employees: _____

Membership is invoiced for the first full year and prorated in the following January for the 2nd year. Annual dues are invoiced in January each year thereafter. Membership is continuous until receipt of written resignation or non-payment of dues.

Signature: _____ Date: _____