

Membership Enrollment Form

Business Name: _____ Owner/ Contact: _____

Mailing Address: _____

Location/Published Address: _____

Phone: _____ Fax: _____

E-mail: _____ Toll-Free: _____

Website Address: _____

Business Category:

(A) _____

Additional Category Listings (\$50 each):

(B) _____

(C) _____

(D) _____

(E) _____

Year Established: _____ # of Employees: Full Time: _____ Part-Time: _____

Referred by: _____

Signature: _____ Date: _____

Investment Calculation

Annual Membership Dues	
Annual Mailing List Fee \$50	
Annual Weblink Subscription \$120	
Additional Category Listings \$50	
Processing Fee (one time) \$25	
Voluntary Contribution (optional) \$25	
TOTAL	

Payment Method

Cash: Check:

Specify Credit Card Type: _____

Name on Credit Card

Credit Card #: _____ Expiration date: _____

CRV code: _____ Amount\$: _____

Billing Address:

Dues:

Agents, Non-Profits & Individuals: \$125

Business Size*	Dues
<i>*Business size = number of employees including owners</i>	
1-5	\$220
6-10	\$250
11-15	\$300
16-20	\$365
21-25	\$430
26-35	\$480
36-50	\$565
51-100	\$690
101-200	\$825
201+	\$950