

Membership Application
MEMBER INFORMATION

This information is used for published directories and to refer new customers to your business.

Organization Name _____

Physical Location _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Billing Address _____ City _____ Zip _____

Which Address should we use for the Directories and referrals? Physical Mailing Billing

Local Phone _____ Toll-Free Phone _____ E-Mail _____

Local FAX _____ Billing Phone _____ Web Site: _____

Owner(s) _____

Hotels: # of Rooms _____ Restaurants: # of Seats _____

Local Authorized Contact _____ Title _____

Number of Employees (include all owners, partners, managers): Full Time Part Time

Complete description of your business activities for customer reference, 25 words or less:

Signature

Date