



PHONE 296-7431

FAX 296-0819

MEMBER INFORMATION

Date Joined: ____/____/20____

Business Name: _____

Main Contact Will Be: Owner Manager

Owner Name: _____

Manager Name: _____

Business Address: _____

State _____ Zip _____

Mailing address if different from above:

Street/P.O. Box: _____

City: _____

State: _____

Zip: _____

Business Phone Number: _____ - _____ - _____

Cell Phone Number: _____ - _____ - _____

Fax Phone Number: _____ - _____ - _____

Email: _____ @ _____

Web Site: www. _____

Check if you want your web site linked on our website _____

Business Type: _____

Number of Employees: _____

Membership Investment: \$ _____

Invoice Billing: Annually Quarterly Monthly

ANNUAL BUSINESS MEMBERSHIP: Employee # 1-6 \$185 7-15 \$225 16-35 \$280 36-75 \$340

76-100 \$400 Over 100 \$400 plus \$1.25 for each additional employee

ASSOCIATE MEMBERSHIP: \$100 (Individuals)

UTILITIES: \$750

FINANCIAL INSTITUTIONS: \$25 per \$1m on deposit (Plainview)