

| | | |
|---|-----------------|--|
| Applicant name: _____ | | |
| Professional Designation(s) and/or Accreditation(s): _____ | | |
| Company: _____ | Category: _____ | |
| Address: _____ | | |
| Phone: _____ | Fax: _____ | Cell: _____ |
| E-mail: _____ | Web site: _____ | |
| Are you a member of the Better Business Bureau? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| List memberships in other professional organizations: _____ | | |
| _____ | | |
| My Proxy's Name: _____ | | Proxy's e-mail: _____ |

References (for Business Membership)

| | |
|---|--------------|
| Personal Reference Name: _____ | |
| Address: _____ | |
| Phone : _____ | E-mail _____ |
| Professional/Client Reference Name: _____ | |
| Address: _____ | |
| Phone : _____ | E-mail _____ |
| Professional/Client Reference Name: _____ | |
| Address: _____ | |
| Phone : _____ | E-mail _____ |

Membership

| |
|--|
| <input type="checkbox"/> \$205* Business Member. <input type="checkbox"/> \$101* Community Partner. *includes one-time \$50 admin fee |
|--|

For office use:

| | |
|--------------------------|------------------------|
| Reference checks: | |
| _____ | Date |
| _____ | Received: _____ |
| _____ | Checked: _____ |
| _____ | Approved: _____ |
| _____ | Advised: _____ |
| _____ | Paid: _____ |