

APPLICATION

FOR YOUR MEMBERSHIP INVESTMENT



APPLICATION INFORMATION: Please print clearly

Official Business Name _____		Contact Name _____
(1) _____	(2) _____	(3) _____
Business Classification (up to three categories)		
Street Address _____		Mailing Address (city / state / zip code) _____
Phone _____	Fax _____	Email _____
Website _____		

PAYMENT INFORMATION: Please print clearly

PLEASE CHECK LEVEL AND SUBMIT PAYMENT:
 Business Plus \$300 Business \$200 Home Based \$98 Business On Wheels \$98

PAYMENT METHOD: Check Cash Credit / Debit Card

CARD INFO: Name On Card: _____ Number: _____

TYPE: Visa MasterCard Discover Card 3-Digit Security Code: _____

EXPIRY DATE (MM/YY) ____ / ____ SIGNATURE: _____

- YES, CONTACT ME TO HOST A BUSINESS AFTER HOURS
- YES, CONTACT ME I WANT TO BECOME A VOLUNTEER. Volunteer Area Of Preference _____
- YES, CONTACT ME WITH INFORMATION ABOUT ANNUAL DINNER / DISC GOLF TOURNAMENT SPONSORSHIP OPPORTUNITIES