

# MEMBERSHIP ENROLLMENT FORM



## BUSINESS INFORMATION

Business Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
E-mail \_\_\_\_\_ Website \_\_\_\_\_

Please describe your business for your FREE listing in our business directory \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business Category (e.g. retail, construction, etc.) \_\_\_\_\_

Full Time Equivalent Employees \_\_\_\_\_ Part Time Equivalent Employees \_\_\_\_\_  
Calculation: Total payroll hours per week / 40 (includes management, partners, and on-site owners)

## INVESTMENT STRUCTURE

<u>BUSINESS &amp; INDUSTRY</u>	<u>FINANCIAL INSTITUTIONS</u>
\$150.00 annually (up to 3 employees)	Based on the formula: $.024 \times \$1,000.00$
\$25.00 for each additional employee up to a total of 20 employees (top end of \$575.00)	in assets
\$742.00 annually (21-50 employees)	
\$1,025.00 annually (51-100 employees)	<i>Two part-time employees equal one full-time employee</i>
\$1,400.00 annually (101-200 employees)	
\$1,650.00 annually (over 200 employees)	

\*Membership is effective upon receipt of payment

## ADDITIONAL INFORMATION

Primary Business Contact \_\_\_\_\_  
Additional Representatives (please include address, phone number and e-mail if different from above)  
\_\_\_\_\_  
\_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_