

Membership Renewal/Application

Name of Organization _____

Billing Contact

Mr./Ms./Dr. First Name _____ Last Name _____

Mailing Address 1 _____

Mailing Address 2 _____

City _____ State _____ Zip _____

Street Address _____

City _____ State _____ Zip _____

Website Address _____

Membership Tier (please select one):

- Associate (\$250) Contributor (\$500) Partner (\$1,000)
 Executive (\$2,500) Community Leader (\$5,000)

Number of Employees Full-time: _____ Part-time: _____

Names and emails of employees who would like to receive event notices:

Name:	Email:
_____	_____
_____	_____
_____	_____
_____	_____

Please indicate which professional development groups you are interested in:

- Manufacturing Roundtable Tech Alliance Marketing Network
 Women's Network Various Committees

How did you hear about us? _____

Payment Method (Please make checks payable to Prospera Business Network)

- Payment enclosed \$ _____ Send invoice Pay by credit card

Payment Preference

- Bill annually Bill semi-annually Bill quarterly

Name of Credit Card Holder _____

Address of Card Holder _____ City _____ Zip _____

Credit Card # _____ Expiration Date _____

Card Holder Signature _____

Signature of Primary Contact _____ Date _____

Member Profile

Name of Organization _____

Mailing Address 1 _____

Mailing Address 2 _____

City _____ State _____ Zip _____

Street Address _____

City _____ State _____ Zip _____

Website Address _____

President/Owner

Mr./Ms./Dr. First Name _____ Last Name _____

Title _____ Email _____

Business Phone () _____ Other Phone () _____

Fax () _____ Other Info _____

Assistant _____ Assistant Phone () _____

Primary Contact (if not the same as above)

Mr./Ms./Dr. First Name _____ Last Name _____

Title _____ Email _____

Business Phone () _____ Other Phone () _____

Fax () _____ Other Info _____

Billing Contact (if not the same as above)

Mr./Ms./Dr. First Name _____ Last Name _____

Title _____ Email _____

Business Phone () _____ Other Phone () _____

Fax () _____ Other Info _____

Please select the classification that best describes your industry

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Professional Services | <input type="checkbox"/> Education | <input type="checkbox"/> Finance | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Services | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Retail / Wholesale | <input type="checkbox"/> Local Government | <input type="checkbox"/> Construction and Related | |

Would you like to be included in our online membership directory? Yes No

Brief description of your organization (for online directory) *Please attach a separate sheet if necessary*

