



P.O. Drawer C ~ 16 East Center Street, Lexington, NC 27293 ~ Phone: 336-248-5929 ~ Fax: 336-248-2161

## Membership Application

Business Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_

Business Fax ( ) \_\_\_\_\_

Website Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Main Contact \_\_\_\_\_

Title \_\_\_\_\_

Main Contact's E-mail \_\_\_\_\_

Other Contacts Requiring E-mail \_\_\_\_\_

Membership Investment \$ \_\_\_\_\_ # of Employees / Partners \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Payment: \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card

Please Circle Credit Card Type: *Visa* *MasterCard* *Discover*

Credit Card # and Exp. Date \_\_\_\_\_