

APPLICATION FOR MEMBERSHIP

PERSONAL INFORMATION

Name: _____
 Date of Birth: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____ Fax: _____
 Email: _____
 Spouse's Name: _____
 How did you learn about us?

BUSINESS INFORMATION

Business Name: _____
 Job Title: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____ Fax: _____
 Email: _____
 Website: _____
 What does your company do?

 What are your duties & responsibilities?

Sponsored by: _____

To be reviewed, your application must include at least **two local references** and a **check for \$373** to cover a \$100 initiation fee and \$273 for your first quarter's dues.



What do you hope to get out of membership in the Mercury Business Association?

What qualifies you as an elite professional in your industry?

Why do you feel you would be a good fit for this group?

Why would our members benefit from doing business with you over your competitors?

REFERENCES

Reference	Organization	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

X: _____ Date: _____

I certify the information on this application is correct to the best of my knowledge, and consent for members of the Mercury Business Association to contact any listed references and organizations to verify the information contained herein. If accepted, I agree to abide by the By-Laws and Constitution of the Mercury Business Association.