APPLICATION FOR MEMBERSHIP



Full Name			Nickname				
Spouse's Name			Birthdate				
Residence Address		City		9	State Zip		
		Bus. Phone Facsimile					
Wireless Phone		E-mail					
Web site			Other				
Personal Interests							
Business Name			Jo	ob Title .			
Business Address		Ci	ity	St	ate	Zip	
Brief Description of your Bu	isiness, Prod	lucts, Services, etc.					
Brief Description of your Jo	b Functions	and Responsibilitie	es				
What Constitues a good bus	iness lead fo	or you?					
		Other Club or Orga	anization Meml	bership			
Orga	nization		Positi	ion		Date Held	
		References (Bai	nk and/or Busin	ness)			
Name		1,01010110100	Contact			Phone	
If accepted into membership to pay dues and charges pro	_		ws and Constitu	ution of t	he Merc	cury Business Association and	
			Date				
Sponsored by x							
		1.1. 6. 1					
Please attach a check for initiation fee and the first quarter's dues (next quarter's billing will reflect any credit for a less than full first quarter).			Initiation Fee				
			Quarterly Dues				
	,	Total Check					
			lotai	Спеск			
For Association Use:		Duklington Dolo		- Is	4 l -	ll A:	
neck Amount Publication Date			Member N		nember i	Number Assigned	
Membership Committee	nbership Committee Board Meeting Date			C	Classification		