

MEMBERSHIP APPLICATION

Full Name: _____

Title: _____

Company: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Years/Months in current position: _____ Web Address: _____

Would you like a link to your company web site from CNYSME web site? Y N

Background: _____

Describe your product or service: _____

To whom do you report?

Name: _____ Title: _____ Phone: _____

Which Membership?

- Individual Membership - \$170.00
- Non-profit 501(c)(3) organization - \$85
*please attach certification of your 501(c)(3) status
- Additional Company Employee - \$60.00
- Corporate Membership (Unlimited company employees) - \$450.00

Please list additional individuals:

Name: _____ Title: _____

Phone: _____ Email: _____

Name: _____ Title: _____

Phone: _____ Email: _____

Credit Card Payment: Check Master Card Visa American Express

Card #: _____ Exp. Date: _____ CSV: _____ Billing Zip Code: _____

Signature: _____