



MEMBERSHIP APPLICATION

Date _____

Last Name: _____ First Name: _____

Employer: _____

Employer Address: _____

Employer Phone: _____ Home Phone: _____

Employer History: Age of Company: _____ Number of Branches: _____

Your Occupation: _____ Fax Number: _____

Your E-mail Address: _____

- **How would you like your badge to read? (Must be product or service you represent.)**

Name: _____

Occupation: _____

- Please check one of the following: I would like to serve on the following committee:

Owner Membership Publicity Sales
 Ethics Partnership Program Social
 Referral MGR Inspector Other(Specify) _____

- Please indicate how you found out about this chapter:

- List three (3) Business References:

1. _____
2. _____
3. _____

Checks must be payable to "Greater Pittsburgh Business Connection" for the amount of \$100.00 to enroll, in addition to your breakfast dues, which will be billed at a later date. Membership fee is not refundable.

By signing this application, I agree to follow the by-laws and Greater Pittsburgh Business Connection policies and activities. I do understand by not doing so, my membership may be terminated by the decisions of the Board of Directors.

Signature: _____

Date: _____