



International Trade Bureau Membership Application

General Information: *Please type or print*

Company Name _____

Contact Name _____ Title _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone # _____ Fax # _____

Email Address _____ Web site _____

How would you prefer to receive information? _____

| | |
|------------------------------|----------------------|
| President / Owner / Partners | Percent of Ownership |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Date Business Started _____ Number of Employees _____

Organizational Information: *Check all that apply*

Describe Product Goods or Services _____

| | | |
|--|---|--|
| Type of Firm <input type="checkbox"/> Construction <input type="checkbox"/> Distributor <input type="checkbox"/> Franchise <input type="checkbox"/> Service <input type="checkbox"/> Retail <input type="checkbox"/> Manufacturer <input type="checkbox"/> Other _____ | Certifications <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 8A <input type="checkbox"/> CMBDC <input type="checkbox"/> WBDC | Type of Business <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Not for Profit |
|--|---|--|

Customer / Client References

Can we contact? Yes No

| Company | Contact | Phone # (include area code) | Date of Service |
|---------|---------|-----------------------------|-----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Trade Bureau Membership Levels and Annual Dues

Basic \$300.00 Silver \$500.00 Gold \$1,000.00

Type of payment (please check one): Cash Check Mastercard Visa AMEX

Credit Card # _____ Exp. Date ____ / ____

Signature _____ Date _____

I certify that the information supplied herein (including all attached pages) is correct and that neither the applicant nor any person (or concern) in connection with the applicant as principal or officer, so far as is known, is now debarred, under investigation, or otherwise declared ineligible by any public agency from supplying or bidding for materials, supplies or service to any agency thereof.

Signature of Owner or Authorized Designee

Date