

MEMBERSHIP APPLICATION

www.thepresidentscouncil.com

New Member Renewal

PRIMARY CONTACT INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Business/Organization: _____ Title: _____

Business Address: _____ Suite/Apt/Bldg. No: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Website: _____

SECONDARY CONTACT INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Email: _____ Phone: _____

BUSINESS DESCRIPTION/MISSION

Business Category: _____ NAICS Code Name: _____

No. Of Employees: _____ Start Year: _____ Avg. Revenue/Year: _____

Membership Level (Select One)	1x Annual Dues Payment
Student	\$75
Individual (Professional/nom-owner)	\$100
Small Business (1-24 Employees)	\$300
Non-profit	\$350
Mid-Large Business (25+ employees)	\$500
Excellence in Entrepreneurship, At Your Business	\$1000
Leadership Circle	\$1,500
Corporate Supporter	\$10,000
Corporate Partner	\$15,000

By providing my information below, I authorize The Presidents' Council to charge my card indicated below, the ANNUAL fee in the amount of \$_____ and understand my membership will **renew automatically the 5th day of each renewal year**, billed at the rate and to the card here authorized unless I notify The Presidents' Council in writing to cancel.

PAYMENT METHOD

Check #: _____ (Please make checks payable to The PCBC) Credit/Debit: Visa MasterCard Amex

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

Name on Card: _____ Signature: _____