



Office Use Only

Date Received: \_\_\_\_\_

### MEMBERSHIP APPLICATION

#### COMPANY INFORMATION (as you want it to appear online & in publications)

Company Name \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Telephone \_\_\_\_\_

Website \_\_\_\_\_

Business Email \_\_\_\_\_

Billing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### CONTACT INFORMATION

Primary Contact \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Names, Phones Numbers & Email Address of Associates who should receive information from SSCRA

\_\_\_\_\_  
\_\_\_\_\_

Check here if the company is owned by a veteran, active duty military, reservist or service disabled veteran of the United States Army, Air Force, Marines, Navy, Coast Guard or National Guard.

#### MEMBERSHIP PACKAGE

Select One:  Bronze  Silver  Gold  Platinum  Non-Profit  Real Estate  2<sup>nd</sup> Business

Listing Category/Sub Category \_\_\_\_\_

Business Description  Attached  Emailed

Membership Package \$ \_\_\_\_\_ Payment Method \_\_\_\_\_

One-time Administrative Fee \$ 30 \_\_\_\_\_ Credit Card Number \_\_\_\_\_

Bronze Enhanced Listing (\$300) \$ \_\_\_\_\_ CVB Code \_\_\_\_\_ Expiration date \_\_\_\_\_

Total due \$ \_\_\_\_\_ Cardholder Name \_\_\_\_\_

Billing Preferences:  Electronic  Hard Copy Cardholder Signature \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_