



Charter Membership Application

Name	
Company Name	
Company Address	
E-Mail¹	
Alternate E-Mail	
Website	
Telephone	
Fax	
Cell Phone	
Referred By	
Preferred Method of Communication	<p style="text-align: center;"><i>Please indicate priority (1-5)</i></p> <p>___ E-Mail ___ Alternate E-Mail ___ Telephone</p> <p>___ Fax ___ Cell Phone ___ US Mail</p>
Membership Level	<p style="text-align: center;"><i>Please Check Level</i></p> <p>___ Individual Level \$275 per Year \$175 first year!</p> <p>___ Small Business Level \$375 per Year. \$275 first year! Please fill out page 2.</p> <p>___ Facilitator Level \$175 per year. \$75 first year! I agree to the roles and responsibilities of the facilitator and my signature signifies that I have read, understand and agree to perform this role in exchange for a reduced membership fee.</p>
New Member Fee	Please add a one-time fee of \$25 to your payment.

¹ All meeting notices are sent via email. If you wish to use an alternate email address to receive these notices then please enter it on the alt E-Mail address line.

GPBN Membership Application (cont)

Signature:	Please make check out to: Gay Pride Business Network, LLC P.O. Box 255 Cranford, NJ 07016
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Small Business Membership Level

Please fill in the information for your additional members:

Name	
2.	Email
	telephone
3.	email
	telephone
4.	email
	telephone
5.	email
	telephone
6.	email
	telephone
7.	email
	telephone
8.	email
	telephone
9.	email
	telephone
10.	email
	telephone