

Albany New Business Generation



Membership Proposal

Instructions: The proposed representative must be a decision maker in the firm.

FIRM NAME: _____ SERVICE ___ WHOLESALE ___ RETAIL ___

IS BUSINESS: HOME OFFICE ___ BRANCH ___ HOW LONG OPERATING IN AREA? _____

TYPE OF BUSINESS: CORPORATION ___ PARTNERSHIP ___ PROPRIETORSHIP ___

BUSINESS ADDRESS: _____ PHONE: () _____

CITY: _____ STATE: _____ ZIP: _____

WEBSITE ADDRESS: _____

CATEGORY: _____, WHICH IS _____% OF ENTIRE BUSINESS

DO YOU SEE ANY POSSIBLE CONFLICT WITH ANOTHER MEMBER? YES ___ NO ___

IF YES, WHO? _____

DOES THE BUSINESS: MANUFACTURE ___ SERVICE ___ DISTRIBUTE/SELL ___

TO WHOM? CONSUMER ___ RETAILER ___ WHOLESALE ___

REPRESENTATIVE: _____ TITLE/POSITION: _____

BIRTHDATE: MONTH _____ DAY _____ HOME PHONE: () _____

REPRESENTATIVE'S EMAIL: _____

REPRESENTATIVE'S ADDRESS: _____

WOULD YOU CONSIDER BEING AN OFFICER OF THE GROUP AT SOME TIME? _____

NBG SPONSOR MEMBER: _____

PERSONAL FRIEND ___ BUSINESS ACQUAINTANCE ___ HOW LONG? _____

WHAT LICENSES DOES THE BUSINESS HAVE? _____

I DO HEREBY CERTIFY THAT MY BUSINESS CATEGORY:

DOES ___ NOT ___ REQUIRE A LICENSE FROM THE STATE OF OREGON. LIC.#: _____

DOES ___ NOT ___ REQUIRE A LICENSE FROM THE CITY OF ALBANY. LIC.#: _____

IF MY CATEGORY DOES REQUIRE A STATE OR CITY LICENSE, I DO HEREBY CERTIFY THAT I WILL MAINTAIN SAID LICENSE(S) IN A CURRENT STATUS.

REPRESENTATIVE'S SIGNATURE: _____ DATE: _____

MEMBERSHIP PAYMENT: \$ _____ DATE OF PAYMENT: _____

PAYMENT RECEIVED BY: _____