



## Business Membership Application

**Date:** \_\_\_\_\_

### Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_ Phone: \_\_\_\_\_

**How did you hear about us?**    Email    Website    Nonprofit    Business    Friend  
 Eventbrite    Workshop    Event    Meeting    Facebook   Other \_\_\_\_\_

### Business Services

Type of Services: \_\_\_\_\_  
 \_\_\_\_\_

How long have you been in business? \_\_\_\_\_ Are you certified? \_\_\_\_\_

Type of Certifications: \_\_\_\_\_ Number of Staff: \_\_\_\_\_

Have you received any contracts from: County? \_\_\_\_\_ State? \_\_\_\_\_ Federal? \_\_\_\_\_

**Committees** - Please select what Committee(s) you would like to serve on:

Bus Dev    Housing    Pub Safety    Technology    Construction    Health    Veteran

Membership Dues Level	Basic	Gold	Platinum	<input checked="" type="checkbox"/> Level	How Paid
Revenue less than \$100,000	\$199	\$300	\$500		
Revenue \$100,001 - \$250,000	\$250	\$400	\$600		
Revenue \$250,001 - \$500,000	\$500	\$700	\$900		
Revenue \$500,001 - \$1,000,000	\$800	\$1,000	\$1,300		
Revenue \$1,000,001- \$5,000,000	\$3,000	\$4,500	\$6,000		
Revenue over \$5,000,000	\$5,000	\$7,500	\$10,000		

**Make checks payable to: People for Change Coalition at 1801 McCormick Drive, Suite 260, Largo, MD 20774**