



MEMBERSHIP APPLICATION

Join the organization and the people who are getting things done!

(All memberships are subject to Board of Director approval)

Company Name

Contact Person

Title

Address

City

Zip

Phone Number (+Area Code)

Fax Number (+Area Code)

Email Address

Website

Type of Business

_____ \$ _____
Investment Amount

SUPPORT	PBID: \$250 Non-PBID: \$425
PARTNER	PBID: \$750 Non-PBID: \$1,250
VISIBILITY	PBID: \$1,500 Non-PBID: \$2,500
INFLUENCE	PBID: \$3,000 Non-PBID: \$5,000
EXECUTIVE'S CIRCLE	PBID: \$7,000 Non-PBID: \$10,000

of Employees at Site

Sponsor / Referral

Alliance Rep

Facility **owned** or **leased**? (circle one)

Member Signature

Date

Check Enclosed
Please invoice
Directory Info is attached

Company Social Media Profiles

http://facebook.com/ _____ @ _____
Facebook Twitter

@ _____ http://linkedin.com/company/ _____
Instagram LinkedIn



POWER INN ALLIANCE MEMBER DIRECTORY

Include a brief description of your business for our online member directory
