



MEMBERSHIP APPLICATION

www.thepresidentscouncil.com

New Member Renewal

PRIMARY CONTACT INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Business/Organization: _____ Title: _____

Business Address: _____ Suite/Apt/Bldg. No: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Website: _____

SECONDARY CONTACT INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Email: _____ Phone: _____

BUSINESS DESCRIPTION/MISSION

Business Category: _____ NAICS Code Name: _____

No. Of Employees: _____ Start Year: _____ Avg. Revenue/Year: _____

Membership Level (Select One)	Annual Dues	
Student	\$25	
Corporate Professional	\$75	
Solopreneur	\$100	
Small Business (2-24 Employees)	\$300	
Non-profit/Government Agency	\$350	
Mid-Large Business (25+ employees)	\$500	
Leadership Circle	\$1,000 - \$2,000	

Dual Membership with Cincinnati's African American Chamber – 30% Discount		
Small Business (2-24 Employees)	\$590.50	
Mid-Large Business (25+ employees)	\$983.00	

For corporate and associate membership and sponsor opportunities, please contact *Member Services Coordinator*, Stephanie Sheeley @ (216) 771-8702 ext. 207 & stephanie@thepresidentscouncil.com

PAYMENT METHOD

Check #: _____ (Please make checks payable to The PCBC) Credit/Debit: Visa MasterCard Amex

Card #: _____ Exp. Date: _____ CVC: _____

Name on Card: _____ Billing Zip Code: _____