

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)	One Time Annual Dues Payment	Recurring Automatic Monthly Payment & Renewal
Student	\$75	
Individual (Professional/nom-owner)	\$100	
Small Business (1-24 Employees)	\$300	\$325
Non-profit	\$350	\$375
Mid-Large Business (25+ employees)	\$500	\$525
<i>Excellence in Entrepreneurship</i>	\$750	\$775
Leadership Circle	\$1,500	\$1525
Corporate Supporter	\$10,000	
Corporate Partner	\$15,000	

I authorize The Presidents' Council to charge my card indicated below, monthly, the amount of \$_____ totaling \$_____ and understand my membership will renew automatically on my anniversary join date and be billed at the rate and to the card here authorized unless I notify The Presidents' Council in writing to cancel.

PAYMENT METHOD

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

Card #: _____ Exp. Date: _____ CVC: _____ Billing Zip Code: _____

Name on Card: _____ Signature: _____