

# SB NOW Membership Form

Thank you for your interest in becoming a member of SB NOW!

Please complete all applicable information below, or fill out an outline form at: [www.sbnow.org/join/join.cfm](http://www.sbnow.org/join/join.cfm).



Joining as:

Business

Non-profit

Student

## I. Primary Contact & Log-in Information

Primary Representative *(If joining as an individual, this is you.)*

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

User Name: \_\_\_\_\_ Password: \_\_\_\_\_

## II. Organization Information

Organization: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Describe your company's mission and primary products or services. (25 words or less)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Organization information will be displayed in our member directory only with your permission. Do you wish the above information to be displayed in our online directory? (Please check one): Yes  No

## III. Annual Membership Rates

Type	Status	Rate	Check One
Students	Student	\$ 25	<input type="checkbox"/>

