

MEMBERSHIP APPLICATION



Business Name _____

Mailing Address (P.O. Box) _____

City _____ State _____ Zip _____

Business Location (Street Address) _____

City _____ State _____ Zip _____

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Phone _____ Fax _____ E-Mail _____

Contact Mr. Ms. Mrs. _____ Title _____

SIC Code _____ Month & Year Organized _____ Annual Gross Sales \$ _____ Number of Employees _____ Part Time / Full Time

Description of Business Activity _____

Home-Based Woman-Owned Minority-Owned _____ Square Footage of Facility _____

Member Signature _____ SBAM Sales Representative _____

All members receive a one-year \$19.95 subscription to *Focus on Small Business*, SBAM's official member publication.

Membership Investment (please check one of the following boxes):

Standard Membership

\$185 Annually (minimum level)

Insured Membership

\$90 Annually; \$9 Monthly

Agent Name: _____

Plan Effective Date: _____

Payment Method:

Check Enclosed Credit Card Payment (annual membership only)

Card# _____ Expiration Date _____

Signature _____

I am especially interested in:

- Human Resources
- Legal
- Information Technology
- Operations
- Government Relations
- Accounting & Finance
- Sales & Marketing
- Entrepreneurial Development

The products and services listed may have specific eligibility requirements that are not guaranteed with SBAM membership.

Dues are non-refundable and may be deducted as a business expense, but not as a charitable contribution for federal tax purposes. 65% of membership dues are deductible for federal income tax purposes.

SBAM utilizes mail, fax and e-mail to notify members of new and improved services, legislative updates, news and upcoming events. Completion of this application gives SBAM your approval to contact you using these various methods of communication.

Please return to:

SBAM, P.O. Box 16158, Lansing, MI 48901-6158
Or fax to: 517.482.4205

**Call SBAM today at 888.GET.SBAM
or visit our Web site at www.sbam.org**