



14650 Southlawn Lane  
Suite 23  
Rockville, MD 20850

<b>MEMBERSHIP APPLICATION</b>		
<b>APPLICANT INFORMATION</b>		
Company Legal Name:		
Doing Business As:		
Name:		
Address:		
City:	State:	ZIP Code:
Phone:	Cell:	Fax:
Email:		
Website:		
Primary Contact:		Phone
<b>OTHER EMPLOYEES WHO MAY ATTEND MEETINGS</b>		
Name:		Phone:
Name:		Phone:
Name:		Phone:
Name:		Phone:
<b>INSURANCE</b>		
Insurance Company		
Policy Number:		
Contact:		Phone:
<b>AUTHORIZATION</b>		
I authorize the verification of the information provided on this form as to my employment. I have received a copy of this application.		
Signature of applicant:		Date:

Annual Membership Fee: \$250/year (May 1<sup>st</sup> – April 30<sup>th</sup>)