

POCONO MOUNTAINS INDUSTRIES, INC.

A PMEDC affiliated organization

Application for Membership

LEVEL OF MEMBERSHIP APPLIED FOR (Check one):

- Individual - \$100 annually
- Business - \$250 annually
- Corporate - \$500 annually

Individual's Name _____

Business Name (if applicable) _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Wireless # _____ Fax # _____

Email address _____ Website _____

Additional Business Contacts (Corporate Memberships Only)

1. Name _____ Position _____
Phone # _____ Email Address _____

2. Name _____ Position _____
Phone # _____ Email Address _____

3. Name _____ Position _____
Phone # _____ Email Address _____

4. Name _____ Position _____
Phone # _____ Email Address _____

5. Name _____ Position _____
Phone # _____ Email Address _____

How did you hear about PMI Membership? Check One: _____ Our Website _____ PMI Board Member
_____ PMI Staff _____ CARE _____ Other, please list _____

For Office Use Only

Date Application Received _____ Payment Received Y N Check# _____

Date presented to Board of Directors for Approval _____ Approved Y N

Date Letter Sent _____ Date added to online directory _____