



Membership Application

Please Mail Completed Form To:
 CBC Director, 501 Madison Ave., Covington, KY 41011

Company Name: _____
 Contact: _____ Title: _____
 Mailing Address: _____ Physical Address: _____
 Phone Number: _____ Direct Line or Extension: _____
 Fax Number: _____
 Web Address: _____ E-mail Address: _____

Admin Assistant: _____ Phone #/Extension _____
 How did you learn about CRC? CBC Member Newsletter Media(Newspaper/Cable) Other _____

Please *add* the following employees to CBCS mailing list:

Name: _____ Phone/Fax (if different) _____ / _____ E-Mail _____
 Name: _____ Phone/Fax (if different) _____ / _____ E-Mail : _____

Dues Rating

of Employees _____ Membership dues rating is based on total number of employees.

<u>1st Year Discount</u>	<u>Annual Renewal</u>	<u>1st Year Discount</u>	<u>Annual Renewal</u>
<input type="checkbox"/> 1-5 \$100	\$200	<input type="checkbox"/> 51-99 \$175	\$350
<input type="checkbox"/> 6-15 \$125	\$250	<input type="checkbox"/> 100+	\$500
<input type="checkbox"/> 16-50 \$150	\$300	<input type="checkbox"/> Special Director	\$2,500
		<input type="checkbox"/> Non-profit rate	\$100 per year

Primary Business Activity#

- | | | |
|---------------------------|--------------------------|-------------------------------|
| 1. Accountant | 14. Investment Firm | 27. Packaging |
| 2. Attorney | 15. Funeral Home | 28. Printer |
| 3. Audio Visual | 16. Furniture | 29. Property Management |
| 4. Automotive Service | 17. Golf Course | 30. Real Estate |
| 5. Architect | 18. Graphic Designer | 31. Recreation |
| 6. Bank | 19. Health Care Provider | 32. Rentals |
| 7. Bed and Breakfast | 20. Home Repair | 33. Residential |
| 8. Computer Sales/Service | 21. Hotel | 34. Restaurant |
| 9. Construction | 22. Interior Designer | 35. Retail |
| 10. Contractor | 23. Manufacturing | 36. Specialty Marketing Items |
| 11. Distributor | 24. Media | 37. Telephone Services |
| 12. Education | 25. Not-for-Profit | 38. Utilities |
| 13. Engineer | 26. Office Supplies | Other: _____ |

Payment:

My check is enclosed Please bill **my VISA/MasterCard**

Credit Card Number: _____ Expiration Date: _____

Name as appears on Card: _____

Signature: _____