



APPLICATION FOR MEMBERSHIP

Company Name: _____

Address: _____

County: _____

Telephone: _____

Fax: _____

Email: _____

Type of Business: _____

Sole Proprietor with no employees: Yes No

Number of Employees (including yourself):

2-10 10-25 26-50 50+

Membership Statement

I hereby apply for membership for my company in the Northeast Small Business Group. If I am a sole proprietor with no employees, certify that I work an average of 30 hours or more per week at my business with at least an annual \$25,000 in gross income or \$15,000 net income.

Signature: _____

Title: _____

Date: _____

Annual Membership Fee

Sole Proprietors w/no employees \$50.00
All other businesses and associations \$75.00

*(Please make checks payable to NESBG and mail to:
NESBG P.O. Box 300 Chatham, N.Y. 12037)*

For more information call (800) 700-1294 or email

HYPERLINK "<mailto:info@nesbg.org>" info@nesbg.org.