



Business Membership Application

Date: _____

Contact Information

First Name: _____ Last Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Website: _____ Phone: _____

How did you hear about us? Email Website Nonprofit Business Friend
 Wash Post Gazette Event Meeting Facebook Other _____

Business Services

Type of Services: _____

How long have you been in business? _____ Are you certified? _____

Type of Certifications: _____ Number of Staff: _____

Have you received any contracts from the County? _____ From the State? _____

Membership Dues Level	Basic	Gold	Platinum	<input checked="" type="checkbox"/> Level	How Paid
Revenue less than \$100,000	\$199	\$300	\$500		
Revenue \$100,001 - \$250,000	\$250	\$400	\$600		
Revenue \$250,001 - \$500,000	\$500	\$700	\$900		
Revenue \$500,001 - \$1,000,000	\$800	\$1,000	\$1,300		
Revenue \$1,000,001- \$5,000,000	\$3,000	\$4,500	\$6,000		
Revenue over \$5,000,000	\$5,000	\$7,500	\$10,000		

Make checks payable to: People for Change Coalition, Inc., 9500 Arena Drive Suite 460, Largo, MD 20774

Committees - Please check the Committee(s) you would like to serve on:

Business Dev Housing Environment Technology Construction Health