

WESTERN SAMPSON COMMERCE GROUP, INC.
P O Box 218
Roseboro, NC 28382

MEMBERSHIP APPLICATION

Name: _____ Phone # _____
 First Mi Last

Email Address _____ Cell Phone # _____

Mailing Address: _____
 # Road/Street Name/P O Box City State Zip Code

If operating a business, enter the name _____

of years the business has been operating _____ Product or Service _____

Business address, if different from mailing _____
 # Road/Street Name/P O Box

Please circle as many of the topics listed below that you would like to be involve in: _____
 City State Zip Code

- | | |
|-----------------------------|----------------------------|
| 1. Networking Opportunities | 5. Advertising & Marketing |
| 2. Business Recruitment | 6. Community Support |
| 3. Education & Training | 7. Business Support |
| 4. Publications/Newsletters | 8. Other _____ |

The annual membership fee is waived for program year 2015-2016 (March 2015-February 2016).
Annual membership fee for the following program year is \$25.00.

By my signature below, I acknowledge my responsibilities to keep my dues current, attend meetings as often as my personal and work schedules will permit and support the goals and projects of the group.

Signature of Applicant _____ Date _____

Approved By _____ Date _____