

TACOMA EXECUTIVES ASSOCIATION

MEMBERSHIP APPLICATION

FIRM NAME: _____ PHONE: _____

ADDRESS: _____ ZIP: _____

CLASSIFICATION: _____ FAX: _____

of Employees: _____ E-Mail: _____

REPRESENTATIVE: _____ TITLE: _____

HOME PHONE: _____ (publish?) Yes No

ALTERNATE: _____ TITLE: _____

I understand that active membership shall be limited to a corporation, firm or person owning their own business or profession; it shall be represented by one of its owners, officers, managers, or other designated personnel who has primary purchasing or contracting authority; or who provides with this application official recognition of READY ACCESS to such authority and willingness to make such access available to Association members. Such representative shall attend at least 50% of the regular meetings, for a minimum firm average of 60%,

OWNER SIGNATURE _____ TITLE _____

I accept the invitation to represent my firm as a member of the Tacoma Executives Association, the objects of which are outlined in the By Laws. By signing this application I acknowledge that I have received, read & understand the Articles & By Laws of the Tacoma Executives Association, and that I agree to abide by them.

This includes acknowledging Dues payments are payable in advance of each quarter, and will accrue until formal notification of resignation from our firm. Further, I understand the Membership Committee will visit our work place prior to our application being approved for membership.

REP. SIGNATURE _____ DATE _____

SPONSOR SIGNATURE _____ DATE _____