

# Application

## Member Information (Please Print)

Contact: (*Mr., Mrs., Ms., Miss.*) \_\_\_\_\_

Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_ Website: \_\_\_\_\_

Additional contacts: \_\_\_\_\_

## Business Information (Confidential)

Main Product/Service: \_\_\_\_\_ Year Established: \_\_\_\_\_ No. of Employees: \_\_\_\_\_

Estimated Sales: \_\_\_\_\_ Percentage of Total Sales from Overseas Markets: \_\_\_\_\_

## Industry: (Please check all that apply)

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Automotive     | <input type="checkbox"/> Education              | <input type="checkbox"/> Insurance     | <input type="checkbox"/> Service Provider              |
| <input type="checkbox"/> Banking        | <input type="checkbox"/> Environmental          | <input type="checkbox"/> Legal         | <input type="checkbox"/> Transportation                |
| <input type="checkbox"/> Chemical       | <input type="checkbox"/> Export Trading Co      | <input type="checkbox"/> Life Sciences | <input type="checkbox"/> Wholesaler                    |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Food-Related           | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation                |
| <input type="checkbox"/> Consulting     | <input type="checkbox"/> Importer               | <input type="checkbox"/> Paper/Plywood | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Distributor    | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Real Estate   | _____  |

Please check if applicable:

- Minority Business enterprise (MBE)  Women Business Enterprise (WBE)

## Membership Levels

Annual Membership

Check appropriate box for membership level:

- |  |          |   |          |  |        |
|--|----------|---|----------|--|--------|
| <input type="checkbox"/> Ambassador member | \$ 5,000 | <input type="checkbox"/> Corporate member | \$ 1,000 | <input type="checkbox"/> Small Business member | \$ 500 |
| <input type="checkbox"/> Individual member | \$ 250   | <input type="checkbox"/> Affiliate member | \$ 250   | <input type="checkbox"/> Student member        | \$ 50  |

Additional Members

Name	Title	Email
_____	_____	_____
Name	Title	Email
_____	_____	_____
Name	Title	Email
_____	_____	_____
Name	Title	Email
_____	_____	_____
Name	Title	Email
_____	_____	_____

Do you want your company/members to be listed in the WTCGP directory?  Yes  No

Authorized by: (*please print*) \_\_\_\_\_

Title \_\_\_\_\_

In the event that membership is granted, the applicant authorizes the World Trade Center of Greater Philadelphia ("WTCGP") to include the applicant's company name, contact information, and description in the WTCGP web site, newsletter, and directory. The applicant further authorizes WTCGP to share the information contained in this application with the World Trade Centers Association for the purpose of procuring membership cards and accessing membership benefits on behalf of the applicant.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please make check payable to: World Trade Center of Greater Philadelphia

Mail Application and Payment to: World Trade Center of Greater Philadelphia, Attention: Member Services

One Port Center, 2 Riverside Drive, P.O. Box 1949, Camden, NJ 08101-1949