

TM

Membership Application

Company

Name: _____

Mailing

Address: _____

City

State

Zip

Ph: _____ Fax: _____ www: _____

INDIVIDUAL MEMBERSHIP

\$125 – for an individual membership

CORPORATE MEMBERSHIPS

\$150 – 1 to 10 Employees **\$200** – 11 to 49 Employees

\$300 – 50-149 Employees **\$400** – 150 to 249 Employees

\$500 – 250 & Up Employees

Primary Contact

Name: _____

Title: _____

Phone: _____ Fax: _____ Email: _____

Briefly summarize your firm's product or service: _____

Type of Business: Manufacturer Distributor Service Support
 Importer Exporter Other _____

Signature of

Applicant: _____

Referred By (Important, please provide) _____

Space Coast World Trade Council

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