



# ATLANTA BUSINESS LEAGUE

## Membership Application

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_

Telephone:(\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_ SIC Codes(s): \_\_\_\_\_

Name of CEO/President/Owner: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Product/Service: \_\_\_\_\_

*(As it would be listed in the "Yellow Pages")*

Ownership:  Minority  Majority

Type of Business:  Services  Retail  Manufacturer  Wholesaler  
 Government  Non-Profit  Other - Specify: \_\_\_\_\_

Gross Sales:  \$15 Million and above  \$5 Million - \$14.5 Million  \$1 Million - \$4.9 Million  
 \$1-\$999,999

Number of Employees:  1-5  6-10  11-20  More than 20

Method of Payment:  Check  MasterCard  Visa  American Express

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

<input checked="" type="checkbox"/>	Membership Type	Revenue	Dues
	Business	\$15 Million and Above	\$1,250.00
	Business	\$5 Million - \$14.9 Million	\$625.00
	Business	\$1 Million - \$4.9 Million	\$350.00
	Business	\$1 - \$999,999	\$250.00
	Associate	N/A	\$125.00
	Student	N/A	\$15.00

Write the number of additional company representatives:  Additional company representatives: \$125.00 per rep.

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

*Please return the completed application with your check, payable to  
Atlanta Business League, for membership dues to:*

**Atlanta Business League • P.O. Box 92363 • Atlanta, Georgia 30314 • Attn: Membership**

Referred by: \_\_\_\_\_