



ATLANTA BUSINESS LEAGUE

MEMBERSHIP APPLICATION

Date: _____/_____/_____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Fax: (____) _____ E-mail: _____

Web site address: _____ SIC Code(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: _____

Revenue: \$15 Million and above \$5 Million-\$14.9 Million \$1 Million-\$4.9 Million
\$1-\$999,999

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

Age: 17 & under 18 - 20 21 - 35 36 - 45 46 - 55 56 & older

Method of Payment: Check Master Card Visa American Express

Account #: _____ Exp. Date: ____/____/____

Signature: _____

✓	MEMBERSHIP TYPE	REVENUE	DUES
	Business	\$15 Million and above	\$1250.00
	Business	\$5 Million - \$14.9 Million	\$625.00
	Business	\$1 Million - \$4.9 Million	\$350.00
	Business	\$1- \$999,999	\$250.00
	Associate/Individual	N/A	\$125.00
	Student	N/A	\$15.00 (with student ID)

Write the number of additional company representatives:

- Additional company representative: \$125.00 per rep.

Name: _____

Please return 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: _____