

Membership Information Sheet

Organization Name _____
 Address _____
 City _____ County _____ State _____ Zip _____ Phone _____ Fax _____
 Organization e-mail address _____ Web site address _____
 Year founded _____ Number of local employees: ___ Full-time ___ Part-time
 Organization Characteristics (check all that apply) ___ Woman-Owned ___ Minority-Owned
 Location of headquarters: City _____ State _____
 Please mark if you fall into one of these industry categories:
 ___ Advanced Manufacturing ___ Life Science ___ Logistics ___ Agri-Business ___ Professional Services

REVENUE INFORMATION: From local company (will not be published)
 ___ < \$50k ___ \$50k - \$250k ___ \$250k - \$500k ___ \$500k - \$1m ___ \$1m - \$5m ___ \$5m - \$10m ___ \$10m - \$50m
 ___ \$50m - \$100m ___ > \$100m
 What was your percent growth over the last year? Revenue _____ % Employees _____ %
 Largest market for sales of goods & services (SELECT ONE):
 ___ Region ___ State ___ United States ___ Canada ___ International ___ Other _____

DIRECTORY DESCRIPTION: Your organization's information will appear in our Membership Directory and on the Partnership website. If you do not know your firms NAIC Code, please use standard classification(s) found in the yellow pages.
 Business Classification _____ NAIC CODE _____
 Additional classifications to be listed in the directory (\$75 each) _____

 Business Description (up to 25 words) _____

KEY CONTACTS: We encourage you to list your employees below so they may also receive communications regarding events, seminars, networking opportunities and other membership benefits they are entitled to as employees of your organization. If needed please attach a separate listing. Only the primary representative will be listed in the Partnership Directories. Additional listings can be added to your membership investment for \$200 each.

	Name	Title	Email	Direct Phone
Primary Representative				
President/CEO				
Finance				
Operations				
Sales & Marketing				
Human Resources				
Purchasing				
Information Technology				
Other				
Other				

OVER

_____ I am interested in health insurance and other employee benefits

PLEASE INDICATE AREA(S) OF INTEREST*

ADVOCACY/GOVERNMENT RELATIONS

- ___ Local Government
- ___ State Government
- ___ Federal Government
- ___ Cross-Border
- ___ Labor Relations
- ___ Transportation/Infrastructure
- ___ Regional Development
- ___ Energy
- ___ Small Business Issues
- ___ Workforce Development

INDUSTRY SECTORS

- ___ Agri-Business
- ___ Life Science
- ___ Logistics
- ___ Advanced Manufacturing
- ___ Professional Services
- ___ Tourism
- ___ Renewable Energy

MARKETING/RESOURCES

- ___ Branding My Company
- ___ Targeted Marketing
- ___ Electronic Advertising
- ___ Printed Advertising
- ___ Business Lists/Research
- ___ Executive Level Audience
- ___ General Audience
- ___ Member-to-Member Discounts
- ___ Event or Program Sponsorships
- ___ Meeting Room Rentals

PROGRAMS/EVENTS

- ___ Executive-level Networking
- ___ Sales Contact Networking
- ___ Professional Development
- ___ Young Professionals
- ___ Government Relations
- ___ Industry Discussion Councils
- ___ Discounted International Travel

- ___ I am interested in participating in the Partnership's on-going advocacy efforts related to my interests marked above
- ___ I am interested in actively participating on a Partnership industry or government affairs discussion council

Is your company planning on:

- ___ Expanding
- ___ Relocating
- ___ Downsizing

** Please remember that Partnership membership extends to each and every one of your employees, as well*

REASON(S) FOR JOINING THE BUFFALO NIAGARA PARTNERSHIP:

- Advocacy
 Target Industry Work
 Insurance
 Marketing
 Member Savings
 Networking
 Other (Please Explain) _____

MEMBERSHIP INVESTMENT

Membership investment covers 12 months, beginning with the month you join, is payable in advance, and is non-refundable.
 Tax tip: 89% of your membership dues may be tax deductible as an ordinary and necessary business expense.
 Only 11% is non-deductible, due to the Partnership's involvement in lobbying as precisely defined in the 1993 Tax Act.

Membership Package	\$ _____
Additional Regional Stewardship Contribution	\$ _____
Voluntary PAC Fee	\$ _____ \$50.00
Administration Fee	\$ _____ \$30.00
TOTAL	\$ _____

Membership Signature _____ Date _____

Method of payment: Cash Check Visa Mastercard Discover American Express

Credit Card # _____ Exp.Date _____

Name on Card (Please Print) _____ Card Signature _____ Date _____

Address on Card (If different from billing address): Address: _____

City _____ State _____ Zip _____

For office use only:

Account Executive _____ Date Received _____ Account # _____

Dues Investment _____ PAC _____ Non Dues _____ Publication _____ Letter _____

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