



## WMSBF MEMBERSHIP APPLICATION

### BUSINESS INFORMATION

Company Name:		
Company address:		
City:	State:	ZIP Code:
Company Website	Company Phone:	Company Fax:

### EMPLOYEE INFORMATION

Number of employees (please circle one): 1-2    3-10    11-100    Over 100
Primary focus/industry of your organization:
Business Description:

### SUSTAINABILITY

Sustainable issues involving business:
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### PRIMARY REPRESENTATIVE INFORMATION

Primary Representative Name:		
Title:	Email:	Phone:

### PRIMARY REPRESENTATIVE'S PROXY INFORMATION

Primary Representative's Proxy:		
Proxy's Title:	Proxy's E-mail:	Proxy's Phone:

### FURTHER INFORMATION

Please attach an image file of your company's logo to this form or e-mail the image file separately.

Membership Fees should be attached to this form and mailed to WMSBF PO Box 68696 Grand Rapids, MI 49516, or be paid online via the Google Checkout link on the Membership Fees page.