

KOFFEE TALK – 2008 MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Birthday: (month & day)

Phone:

Current address:

City:

State:

ZIP Code:

High School:

College:

College:

MEMBERSHIP DUES

Membership Dues: \$120.00 calendar year

EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Cell Phone:

INVOLVED IN OTHER PROFESSIONAL ORGANIZATIONS

HOBBIES & INTERESTS

BUSINESS REFERENCES

Name

Address

Phone

HOW DID YOU HEAR ABOUT KOFFEE TALK?

DO YOU HAVE AN INTERESTED IN JOINING ANY OF OUR COMMITTEES?

Membership

Philanthropy

Sponsorship

Breakfast Meeting

Happy Hours

Professional Development

SIGNATURES

I authorize the verification of the information provided on this form. I have received a copy of this application.

Signature of Applicant:

Date:

Signature of Membership Committee:

Date:

PLEASE MAKE CHECKS PAYABLE TO: KOFFEE TALK

MAIL CHECK AND APPLICATION TO:
KOFFEE TALK
MEMBERSHIP CHAIRPERSON
PO BOX 9744
TOWSON, MARYLAND 21284