



I would like my company to enjoy the advantages of SBTC Membership. Please Sign us up!

YOUR NAME: \_\_\_\_\_

CEO'S NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

PRODUCTS/SERVICES OFFERED: \_\_\_\_\_

**MEMBERSHIP CLASSIFICATION**

Regular \$ \_\_\_\_\_

*Based on company revenues. Select from the list to the right.*

Affiliate \$500

*Nonprofit and smaller professional, educational and contract service organizations that provide business support services to SBTC member companies.*

Corporate Membership \$5,000

*SBTC's corporate recognition package for larger companies and education institutions. Call for details.*

**REGULAR MEMBERSHIP DUES CATEGORIES  
(BASED ON ANNUAL REVENUE)**

- Less than \$500,000 \$250
- \$500,000-\$1 Million \$500
- \$1 to \$5 Million \$750
- \$5 to \$10 Million \$1,000
- \$10 to \$25 Million \$1,400
- \$25 to \$50 Million \$2,100
- \$50 Million + \$3,000

**Payment Type**

Check (Please Make Payable to SBTC)

Credit Card:     Visa             MasterCard             American Express             Discover

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date (MM/YY): \_\_\_\_\_

This form must be received with payment in order for your SBTC membership to be processed. Please fax or mail back this form to:

**Mail:** SBTC  
1156 15th Street, NW  
Suite 1100  
Washington, DC 20005

**Fax:** (202) 872.8543