

MEMBERSHIP

Please mail or fax completed form to Deb Perkins or Dick Bockstiegel at 513-948-2086.

Company _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____ Website _____

COMPANY PROFILE

Name of President/CEO _____
Company Overview _____
Product/Service Description _____
Supplier To _____
Ownership: Family Private Public Other _____
Number of employees at this location _____ SIC Code(s) _____
Markets Served _____

Annual sales at this location (*circle one*)

<\$1 Million	\$10M - \$24.9M	\$100M - \$249.9M	\$740M - \$999.9M
\$1M - \$4.9M	\$25M - \$49.9M	\$250M - \$499.9M	>\$1 Billion
\$5M - \$9.9M	\$50M - \$99.9M	\$500M - \$749.9M	

MEMBERSHIP PROFILE

Membership Contact _____ Title _____
Phone _____ Email _____
Address (if different from above) _____

Please list additional staff that would benefit from our member updates. These staff members could be involved in purchasing, business development, human resources, environmental/energy, etc.

Name _____ Title _____ Email _____
Name _____ Title _____ Email _____
Name _____ Title _____ Email _____

MEMBERSHIP PROGRAM INFORMATION

Referred to TechSolve by _____

Annual Dues \$ _____ <50 employees = \$395 annual dues
>50 employees = \$500 annual dues Check Enclosed: Yes No, please invoice me

Approximately six to twelve months following completion of this member agreement form, and on an annual basis, you will be requested to complete a Customer Satisfaction & Impact Survey on behalf of TechSolve. Survey results help gauge the success of the services we have provided to your organization to assist us in continuing to improve our ability to serve you and other clients in the future.

Authorized Signature _____ Date _____

For TechSolve use only: Effective Date of Membership _____
Current Number of Members _____