

# MEMBERSHIP

Please complete and mail or fax to Deb Perkins or Dick Bockstiegel.  
6705 Steger Drive. Cincinnati, OH 45237  
Fax: 513-948-2109

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Website \_\_\_\_\_

## COMPANY PROFILE

Name of President/CEO \_\_\_\_\_

Company Overview \_\_\_\_\_

Product/Service Description \_\_\_\_\_

Markets Served \_\_\_\_\_ Annual Sales \_\_\_\_\_

SIC Code(s) \_\_\_\_\_ Number of Employees \_\_\_\_\_

## MEMBERSHIP PROFILE

Membership Contact \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Please list additional staff that would benefit from our updates. These staff members could be involved in your purchasing department, business development, human resources, environmental/energy department, management, or operations. On a separate sheet attached to this agreement form on in the space provided below, please list their names, titles, and an email address so that they receive our membership information (event mailings, emails, etc.).

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Title \_\_\_\_\_ Title \_\_\_\_\_ Title \_\_\_\_\_

E-mail \_\_\_\_\_ E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

## MEMBERSHIP PROGRAM INFORMATION

Referred to TechSolve by \_\_\_\_\_

Membership Category (check one)  Industrial  Sponsoring  Sustaining  Community

Annual Dues\* \$ \_\_\_\_\_ Check Enclosed:  Yes  No, please invoice me

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Manufacturing companies are considered Industrial Members and shall pay an annual fee of \$500, unless they have less than 50 employees (annual fee of \$395) or are a Sustaining Member. All other companies will be considered Non-Industrial Members and will pay an annual fee no less than \$1,500, depending on level of sponsorship.

*In no event shall TechSolve be liable for any indirect or consequential damages any Member may sustain in connection with the services provided or information derived from the Information Help-Line, seminars, or other services associated with the Program.*

**For TechSolve use only:** Effective Date of Membership \_\_\_\_\_

Current Number of Members \_\_\_\_\_