



BUSINESS GROUP APPLICATION FORM

(Please print and mail with your check)

Co. Name *(please print)*: _____

Co. Address: _____

Co. Phone: _____ Co. Fax: _____

Contact Person : _____

Job Title: _____ Web Address: www. _____

Email: _____ Phone: _____

Eligible Representatives: _____ Position Held: _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Eligible Representatives may attend the regular meetings at any time.

Would your company like to offer a member-to-member discount? No Yes Amount: _____

How did you hear about APB? _____

Today's Date: _____

50-word description of your business *(use as many keywords as possible)* _____

Please make your check payable to APB (@\$90/Representative) and mail with this application to:
Association of Professional Businesswomen, 4474 Weston Rd. #276, Davie, FL 33331