



Date:

Organization Name:

Address:

City:  State:  Zip Code:

Executive Director:  Phone:

Contact Person:  Phone:

Fax:  Website:

E-mail:  E-mail 2:

EIN:  Year Incorporated:  Tax Exempt?:  Yes  No

E-mail:  E-mail 2:

Employees: Full Time:  Part Time:  Volunteers:

Organization Mission:

Referred By:

- Please Choose the Committee(s) You Would Like to Serve On:
[ ] Education [ ] Special Events [ ] Government [ ] Membership [ ] Programming [ ] Marketing
[ ] Networking [ ] Other: (Please Specify)

As a member of WCBA you agree to uphold the standards of excellence the organization stands for. By signing this application you are agreeing that the information provided is accurate. You agree to pay the set full membership price. WCBA is offering your organization entrance to the monthly luncheons at a discounted rate for a maximum of 4 from your organization. The discounted price is only available online.

Authorized Signature: \_\_\_\_\_

Approve By: (Completed by WCBA Rep)