

**THE EXECUTIVE ASSOCIATION OF GREATER GREENVILLE
MEMBERSHIP APPLICATION**

This application is to be completed by the sponsoring member and the proposed member and must be approved by the Membership Committee and the Board of Directors. It will then published before the general Association for the required period before membership is confirmed for the prospective member.

Firm Name: _____ Representative: _____

Representative must be (a) an owner or (b) an executive with a voice in management. (Please circle one.)

Street Address: _____ City: _____ State: ____ Zip: _____

Business Voice: _____ Fax: _____

Web Site: _____ Email: _____

Classification: _____ Which is ____% of Business Activity

If a subsidiary or branch office, give home location: _____

Local operation in Greenville under present ownership for ____ years; # employees ____

Please list all services or products your business offers to the public:

TRADE REFERENCES (list three)

COMPANY: _____ Phone: _____ Contact: _____

Mailing Address: _____

COMPANY: _____ Phone: _____ Contact: _____

Mailing Address: _____

COMPANY: _____ Phone: _____ Contact: _____

Mailing Address: _____

REPRESENTATIVE PERSONAL INFORMATION

Contact Information:

Home Address: _____

Phone: _____ Fax: _____ Email: _____

How long a Greenville area resident: _____

Participant in the following organizations: _____
