



Small Business Technology Council – Membership Application

First Name	Last Name	
CEO's Name(s)		
Company Name		
	Year Founded	
Email address Website		
_		
City	StateZip	
Phone	Fax	
Products/Services Offered	1:	
Indicate Your Annual R		
	Size / Type	Dues
	Less than \$500,000	
\$500,000 to \$1 million		\$500
\$1 million to \$5 million		\$750
\$5 million to \$10 million		\$1,000
\$10 million to \$25 million		\$1,400
\$25 million to \$50 million		\$2,100
More than \$50 million		\$3,000
Affiliate* Nonprofit and smaller professional, educational and contract service		\$500
organizations that provide business support services. Corporate* SBTC's corporate recognition package for larger companies and educational institutions. Call for details.		\$5,000
Number of Employees	□ 25 to 49	□ 100 to 249
□ 1 to 9	□ 50 to 99	□ 100 to 249
Payment Type:	□ JU 10 77	□ 230 to 300
· • • •	☐ Visa ☐ Master Card ☐ American Express ☐ Disc	cover
Condit Cond Name 1	_	
Credit Card Number		
Expiration Date	Name on Card	

This form must be received with payment in order for your SBTC membership to be processed. Please fax or mail this form to:

Mail: SBTC Membership, 1156 15th Street, NW, Suite 1100, Washington, D.C. 20005

Fax: 202-872-8543