



## Small Business Technology Council – Membership Application

☐ I would like my company to enjoy the advantages of SBTC membership. Please sign us up!

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

CEO's Name(s) \_\_\_\_\_

Company Name \_\_\_\_\_

Title \_\_\_\_\_ Year Founded \_\_\_\_\_

Email address \_\_\_\_\_ Website \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

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

Products/Services Offered: \_\_\_\_\_

### Indicate Your Annual Revenue/Dues

Your Firm	Company Size / Type	Dues
	Less than \$500,000	\$250
	\$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
	<b>SBIR State Director* &lt;&lt;I need brief descriptive language here&gt;&gt;</b>	<b>\$250</b>
	<i>Affiliate* Nonprofit and smaller professional, educational and contract service organizations that provide business support services.</i>	\$500
	<i>Corporate* SBTC's corporate recognition package for larger companies and educational institutions. Call for details.</i>	\$5,000

### Number of Employees

☐ 1 to 9

☐ 25 to 49

☐ 100 to 249

☐ 10 to 24

☐ 50 to 99

☐ 250 to 500

### Payment Type:

☐ Check ☐ Credit Card: ☐ Visa ☐ Master Card ☐ American Express ☐ Discover

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

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 15<sup>th</sup> Street, NW, Suite 502, Washington, D.C. 20005

Fax: 202-872-8543

**For assistance, please contact David Nadler at 386-317-5627 or [dnadler@nsba.biz](mailto:dnadler@nsba.biz)**

*\* SBTC dues are 75% deductible as a business expense for federal tax purposes.*

*\*\* SBTC memberships are not refundable.*