



Small Business Technology Council – Membership Application

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

Company Size / Type	Dues	X
Less than \$500,000	\$350	
\$500,000 to \$1 million	\$750	
\$1 million to \$5 million	\$1,000	
\$5 million to \$10 million	\$1,500	
\$10 million to \$25 million	\$2,500	
\$25 million to \$50 million	\$4,500	
\$50 million to \$75 million	\$7,500	
\$75 million to \$100 million	\$10,000	
Over \$100 million in Revenue	\$15,000	

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 15th Street, NW, Suite 502
 Washington, D.C. 20005

Fax: 202-872-8543

For assistance, please contact Alec Orban at (202) 552-2910 or alec@sbtc.org

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

*** SBTC memberships are not refundable.*