



MEMBERSHIP REGISTRATION FORM

To become a member, complete this form on-line, print, sign and include a check or money order payable to **Santa Cruz Business Connect - 3200 Axford Road, Santa Cruz, CA 95062** or bring to our next meeting.

MEMBER CONTACT INFORMATION

Name: _____ Company Name: _____

Job Title/Position: _____ Contact Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____ Website Address: _____

How did you hear about us?: _____

INFORMATION ABOUT YOUR BUSINESS

Type of Business: _____

Description of services offered:

Please list three business references for us to check:

1. _____ Phone #: _____

2. _____ Phone #: _____

3. _____ Phone #: _____

MEMBERSHIP TYPE

Initial Sign Up Fee - **\$30.00** One time fee at time of initial sign up. This fee applies to new members only.

Annual Membership - **\$125.00** (per 12 month period)

Semi-Annual Membership - **\$75.00** (per 6 month period)

Total Amount Included \$: _____

New Member signature: _____ Date _____