



2008 Business Membership Form

GENERAL INFO

Business: _____
Contact person: _____
Job Title: _____
Work address: _____
City: _____ State: CT Zip Code: _____
Work telephone # _____
Website address: _____
Contact me via: _____ Email _____ Telephone _____
Type of services/service area: (please provide a summary of your business)

Client profile:

Annual Revenue:

WEBSITE INFO

- 1. Would you like your business listed on our member page? YES NO
2. Would you like to receive member only offers and info? YES NO
If yes, please e-mail your electronic logo and business card to:
3. Would you like to participate on a GBLN sub-committee YES NO
If yes, please select a committee below:
[] Communications/Marketing [] Website [] Fundraising
[] Special Events [] Membership [] Nominating
4. Are you interested in sponsoring a GBLN event or advertising on our website? YES NO

Mail form and \$75 check payable to GBLN to: GBLN, P.O. Box 9385, Bridgeport, CT 06601

For internal use only (do not complete)

Date received: _____ Check # _____
Advertisement Dates: (attach sample)
Sponsorship Status: