



CORPORATE MEMBERSHIP APPLICATION

The following constitutes your complete application for member in Elijah's Limited. This form need not be signed by your sponsors; they will complete a separate form. Please complete this form fully and return it with your membership application fee.

APPLICANT INFORMATION

Business Name: _____ Representative: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Representative's Phone: _____

Representative's Email: _____

Do you agree to abide by all Bylaws? Yes No

Do you agree to timely remit all dues and social room tabs? Yes No

BUSINESS INFORMATION

Number of Total Employees: _____ Number of Local Employees: _____

Description of Business: _____

General Geographic Area Served: _____

Name and Address for Submission of Invoices: _____

RESPONSIBLE PARTY INFORMATION

If accepted for membership, your company will be allotted five (5) access cards or codes. Please list the five (5) individuals who will be granted these cards/codes, including their cell phone.

SPONSOR INFORMATION

Sponsor Name: _____

Corporate Applicant Signature: _____ Date: _____

No candidate for membership shall be discriminated against on the basis of age, race, sex, sexual orientation, ethnicity or national origin.