

## TREP Business Membership Application

Business: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Primary email: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

Secondary email: \_\_\_\_\_

Industry: \_\_\_\_\_

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**TREP uses an annual donation schedule based upon the number of employees for business members.**

Please select the number of employees currently at your participating location(s).

0-20----- \$250

251-500----- \$550

21-100----- \$350

501 or more----- \$650

101-250----- \$450

Please indicate the locations of *additional* participating locations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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### Payment Information:

Please select your preferred invoice delivery method:

Delivered via email      Email address: \_\_\_\_\_

Delivered via US Mail      Postal address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Charge credit card:       Master Card       VISA       American Express

Name on the card: \_\_\_\_\_

Charge card account number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_      3 digit Security code (CCD): \_\_\_\_\_