

### TREP Business Membership Application

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

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

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

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

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

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

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

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

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

**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: \_\_\_\_\_

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

#### 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): \_\_\_\_\_