



## 2018 Membership Application and Renewal Declaration

Member Account Number:

Date of Membership:

Business Name:

Physical Address:

P.O. Box:

Phone:

Fax:

Business Category:

Email:

Ex: Wholesale, Retail, Media

\*\*\*A CURRENT BUSINESS LICENSE, A BUSINESS CARD AND DUES PAYMENT MUST ACCOMPANY THIS APPLICATION FOR MEMBERSHIP. EACH MEMBERSHIP APPLIES TO ONE BUSINESS ENTITY ONLY\*\*\*

### Type of Membership:

#### Non-Commercial Membership:

Associate (Only for individuals not engaged in commerce/business; Dues: \$300)

Government (All CNMI & Federal Government agencies; Dues: \$300)

Non-Profit Organization (Nonprofit organizations & institutions; Dues: \$300)

Honorary (Dues: \$0)

Commercial Memberships: (All CNMI licensed businesses). Please check one category (A, B, C, D, E) according to gross income as reported on BGRT and list appropriate contacts. All information is confidential.

#### **Category A - \$300/year dues**

Annual gross income under \$250K - ONE representative / ONE vote:

Name/Title:	Email:	Phone:

#### **Category B - \$500/year dues**

Annual gross income of \$250K through \$600K - TWO representatives / TWO votes:

Name/Title:	Email:	Phone:

**Category C - \$1,000/year dues**

Annual gross income of \$600K to \$1M - THREE representatives / THREE votes:

Name/Title:	Email:	Phone:

**Category D - \$2,000/year dues**

Annual gross income of \$1M to \$5M - FOUR representatives / FOUR votes:

Name/Title:	Email:	Phone:

**Category E - \$3,000/year dues**

Annual gross income of \$5M plus - FIVE representatives / FIVE votes:

Name/Title:	Email:	Phone:

Send invoices to \_\_\_\_\_ at \_\_\_\_\_.  
(Name) (Email)

Billing Option:  Annual  Bi-annual  Quarterly