



PENC ENTERPRISE MEMBERSHIP INTEREST FORM

Company Information			
COMPANY NAME:			
COMPANY WEBSITE:	FAX:		
ADDRESS:	CITY:	STATE:	ZIP CODE:

Primary Contact Information (to receive all enterprise information from PENC, including dues invoice)			
FIRST:	MI	LAST	
TITLE:	EMAIL:		
ADDRESS (if different from above):			
PHONE:			

Please indicate the level of Enterprise Membership you would like to pursue:
<input type="checkbox"/> Leadership Level (50+ employees) <input type="checkbox"/> Partnership Level (25-49 employees) <input type="checkbox"/> Promoter Level (12-24 employees) <input type="checkbox"/> Contributor Level (5-11 employees)
<p>*Please attach a list of names and location (city, zip) of the members being joined. This information will allow us to create an itemized, cumulative dues invoice and personalized membership application.</p>

On behalf of the above-noted enterprise , I confirm our commitment to fulfilling an enterprise membership program with PENC.	
Signature:	Date: / /

Email completed form to: jyoung@penc.org or Fax: 919-834-1148
Or mail to 1015 Wade Avenue, Ste A Raleigh, NC 27605
Questions? Call (919) 834-1144