

# CONNECT Membership Application

**COMPANY Profile:**

<b>Name:</b>			<b>Phone:</b>			<b># Employees:</b>		
<b>Address:</b>			<b>Fax:</b>			<b>NE: Global:</b>		
<b>City:</b>		<b>State:</b>	<b>Zipcode:</b>		<b>Website:</b>		<b>Publicly Traded? Yes / No</b>	
<p><b>Please number in order of applicability:</b></p> <p> <input type="checkbox"/> Importer*                   <input type="checkbox"/> Warehouse                   <input type="checkbox"/> Ground Transport                   <input type="checkbox"/> Financial Institution                   <input type="checkbox"/> Service Provider*                   <input type="checkbox"/> Media Partner  <input type="checkbox"/> Exporter*                   <input type="checkbox"/> CHB                   <input type="checkbox"/> Ocean Transport                   <input type="checkbox"/> Air Transport                   <input type="checkbox"/> Logistics Provider/ 3<sup>rd</sup> Party                   <input type="checkbox"/> Other             </p> <p><b>Primary Area of Business:</b> _____ <b>* Primary Commodity or Service:</b> _____</p> <p><b>Please indicate your company's trade / transportation concerns:</b></p> <p> <input type="checkbox"/> China                   <input type="checkbox"/> Fast Track                   <input type="checkbox"/> Customs Issues                   <input type="checkbox"/> Air                   <input type="checkbox"/> Ocean                   <input type="checkbox"/> Rail                   <input type="checkbox"/> Truck                   <input type="checkbox"/> Other _____             </p>								

**MEMBERSHIP Type:**

<p><b>Individual:</b> List Primary Contact (below) who will receive CONECT member benefits</p> <p> <input type="checkbox"/> <b>One Year \$225</b>                                      <input type="checkbox"/> <b>Two Year \$427</b>                                      <input type="checkbox"/> <b>Three Year \$607</b> </p> <p><b>Corporate:</b> List Primary Contact plus 3 additional employees (below) who will receive CONECT member benefits</p> <p> <input type="checkbox"/> <b>One Year \$395</b>                                      <input type="checkbox"/> <b>Two Year \$750</b>                                      <input type="checkbox"/> <b>Three Year \$1066</b> </p> <p><b>Large Corporate:</b> List Primary Contact plus 9 additional employees (below) who will receive CONECT member benefits. (Use additional sheet to list the additional contacts)</p> <p> <input type="checkbox"/> <b>One Year \$595</b>                                      <input type="checkbox"/> <b>Two Year \$1130</b>                                      <input type="checkbox"/> <b>Three Year \$1605</b> </p>		
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**Primary Contact:**

Name:	Title:	Email:
Office address, phone, etc. if different from company above:		
Home Zipcode (for Congressional District) _____ -- _____		CCS# (if applicable):

**Contact 2:**

Name:	Title:	Email:
Office address, phone, etc. if different from company above:		
Home Zipcode (for Congressional District) _____ -- _____		CCS# (if applicable):

**Contact 3:**

Name:	Title:	Email:
Office address, phone, etc. if different from company above:		
Home Zipcode (for Congressional District) _____ -- _____		CCS# (if applicable);

**Contact 4:**

Name:	Title:	Email:
Office address, phone, etc. if different from company above:		
Home Zipcode (for Congressional District) _____ -- _____		CCS# (if applicable);

**Name on Credit Card** \_\_\_\_\_

**Credit Card Number** \_\_\_\_\_ **Exp.** \_\_\_\_\_ **Type: MC/ VISA/ AMEX (circle one)**

**Mail check/application to CONECT, 11 Main St, Box 11, Southborough, MA 01772**

Fax to 508-481-2161 or email [mary@conect.org](mailto:mary@conect.org)