



Golden Triangle Business Roundtable

Subscriber Membership Application

Company Name: _____

Local Address: _____

City: _____ State: ____ Zip: _____

Contact Information

Representative Name: _____

Representative Phone: Office _____ Cell _____

E-Mail Address : _____

Company Information

Business Activity : _____

Home Office Located : _____

Web Site URL : _____

If Accepted - Subscriber Dues

Subscriber Annual Dues are \$500.00 Options : Mail Invoice: ____ E-Mail for CC Pmt: ____

Applicant Signature : _____

Membership effective upon receipt of payment