

# CEO CLUB MEMBERSHIP APPLICATION

## CEO Club of Baltimore

10709 Pot Spring Road, Cockeysville, MD 21030

Phone: 410-218-9777 • Email: doug@ceoclubofbaltimore.com

Websites: ceoclubofbaltimore.com • ceoclubs.org

### Applicant Information

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Age \_\_\_\_\_ Marital Status \_\_\_\_\_ Sex \_\_\_\_\_ Nickname \_\_\_\_\_

Company Name \_\_\_\_\_ Title \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone, Extension \_\_\_\_\_ Business Fax \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Fax \_\_\_\_\_

I wish to receive mailings at:  
 My Home     My Business

My E-mail Address \_\_\_\_\_

Spouses Name (optional) \_\_\_\_\_

Please list a few word phrase we could use to describe your business.

CEO Club References:

1) \_\_\_\_\_ 2) \_\_\_\_\_

Occasionally, the media asks us to supply names of CEOs who they could interview and we, as a policy, do not supply any information regarding our members unless you would like us to. Please check one of the following:

No     Yes, but clear first with me     Yes, anytime

### Membership Type

**One Year** ..... \$1,500

**Two Year** ..... \$2,300

**Three Year** ..... \$3,000

**Lifetime** ..... \$8,000

**Corporate One Year** ..... \$1,800

*(This enables two people from your company to attend every meeting)*

**Total Dues** ..... \$ \_\_\_\_\_

**One-Time Initiation Fee** ..... + \_\_\_\_\_ 750

**Total Enclosed** ..... \$ \_\_\_\_\_

**PLEASE MAKE CHECK PAYABLE TO:  
CEO CLUBS, INC.**

*This application for CEO Club membership must be accompanied by payment before processing and approval.*



## Education

Education Level \_\_\_\_\_ Name of the School \_\_\_\_\_ Year Graduated \_\_\_\_\_

Education Level \_\_\_\_\_ Name of the School \_\_\_\_\_ Year Graduated \_\_\_\_\_

## Applicants Business Information

Do you own majority control of your business?  Yes  No

SIC Code: \_\_\_\_\_

Please describe your business' products or services: \_\_\_\_\_

Please list your memberships with other professional organizations:

How many employees are in your organization?

1-10  10 - 50  50 - 100  150 - 500  Over 500

Your annual sales volume is:

Less than \$1million  \$1 - \$10 million  \$10 million - \$50 million  
 \$50 - \$100 million  Over \$100 million

Are you a director of your company?  Yes  No

Is this a family business?  Yes  No

Type of business?

Manufacturing  Distribution  Retail  Professional services  
 Other (please specify): \_\_\_\_\_

Please describe any special area of expertise or your hobbies:

Signature

Chapter

Date