

BALDWIN COUNTY UNITED

APPLICATION FOR MEMBERSHIP

(Please type or print)

NAME: _____
(Last) (First) (Middle)

ADDRESS: (Mailing) _____

(Home, if different) _____

PHONE: _____ (Work) _____ (Home)
_____ (Fax) _____ (e-mail)

BUSINESS OR PROFESSION: _____

REFERENCES: (1) _____

(2) _____

TYPE OF MEMBERSHIP DESIRED: INDIVIDUAL (\$100 per year) _____
(Please Check One) CORPORATE (minimum \$250 per year) _____

COMMENTS: Please mark any BCU Committees listed below that you would be interested in serving on.

EDUCATION	_____
ENVISION COASTAL ALABAMA	_____
GOVERNMENTAL AFFAIRS	_____
GROWTH EDUCATION OUTREACH (GEO)	_____
MEMBERSHIP	_____
NATURAL RESOURCES/CONSERVATION	_____
PUBLICITY/PUBLIC RELATIONS	_____
SOCIAL SERVICES/HEALTH	_____

SIGNATURE OF APPLICANT: _____

DATE: _____

PLEASE MAIL COMPLETED FORM TO: Baldwin County United
P.O. Box 286
Fairhope, AL 36533

BOARD APPROVAL: _____ (Date)