

Membership Profile/Information for Publication

Company Name _____
 Mailing Address _____ City _____ State _____ Zip _____
 County _____
 Phone () _____ Fax () _____ NAIC Code _____
 E-Mail _____ Web Site _____
 Main Contact (Mr. Ms. Dr. Other) _____ Title _____
 Personal E-mail _____
 Physical Address (if different from above) _____
 Billing Address (if different from above) _____

Are you interested in receiving membership communications? Yes No

In an effort to meet your expectations as a member, we want to learn more about your company's interests. Please check the boxes below to indicate the areas in which you have the most interest.

- Export News Consulting Events Networking Export Plan Development
 Visibility/Exposure Mentorship Trade Missions Market Research

Are you interested in becoming involved in any of the CNY IBA's community forums?

Yes, please contact me with more information on these forums No

Please tell us about your export activity (optional):*

What are your total international sales: _____

What percentage is this of your overall sales: _____

Are you interested in expanding your sales to new international markets? Yes No

Are you interested in expanding existing international sales within current markets? Yes No

*This information will be kept confidential and not shared without written consent.

Annual Investment

Number of Employees Full Time _____ Part Time _____ *Annual Investment \$ _____ Check # _____

Total Payment \$ _____

For Credit Cards please fill out credit card form

Make check payable to: Central New York International Business Alliance

Mail to: 572 South Salina Street, Syracuse, NY 13202

By signing this document, I agree to all terms and conditions of this agreement. I further warrant that I have full authority to sign for the services herein. Membership is continuous unless cancelled in writing.

Signature _____ Date _____

*Your investment is a tax-deductible business expense.

Additional Employees Contact Information

Employee Name _____
Prefix First Last Suffix

Title _____ Phone _____

Mailing Address _____

City State Zip

Email _____

Additional Employees Contact Information

Employee Name _____
Prefix First Last Suffix

Title _____ Phone _____

Mailing Address _____

City State Zip

Email _____

Additional Employees Contact Information

Employee Name _____
Prefix First Last Suffix

Title _____ Phone _____

Mailing Address _____

City State Zip

Email _____