

# CED Membership Application

Igniting entrepreneurial success through know-how and networks



Company Name: \_\_\_\_\_  
Primary (Billing) Contact Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Email: \_\_\_\_\_

Marketing Contact Name (if different from above): \_\_\_\_\_  
Title: \_\_\_\_\_ Email: \_\_\_\_\_

Company Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Web Address: \_\_\_\_\_  
Year Founded: \_\_\_\_\_ # of employees: \_\_\_\_\_

### Additional Information

**Which best describes your company/organization? (Select one)**

- |  |   |
|--|---|
| <input type="checkbox"/> Accounting  | <input type="checkbox"/> Individual Entrepreneur  |
| <input type="checkbox"/> Banking   | <input type="checkbox"/> Investor   |
| <input type="checkbox"/> Consulting  | <input type="checkbox"/> Late Stage Entrepreneurial Company<br>(Technology or Life Science) |
| <input type="checkbox"/> Education   | <input type="checkbox"/> Law  |
| <input type="checkbox"/> Early Stage Entrepreneurial Company<br>(Technology or Life Science) | <input type="checkbox"/> Retail   |
| <input type="checkbox"/> Government/Non-Profit   | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Healthcare  |   |

**How did you hear about CED?**

\_\_\_ Email \_\_\_ Print Mail \_\_\_ TV/Radio Advertisement \_\_\_ Online Advertisement \_\_\_ Newspaper/Magazine Advertisement  
\_\_\_ CED Programs \_\_\_ Referred by: \_\_\_\_\_

### Membership Levels & Payment Options

**Membership Levels**

- |  |         |
|--|---------|
| <input type="checkbox"/> Individual Membership   | \$195   |
| <input type="checkbox"/> Entrepreneurial Company Membership<br>▪ Fewer than 15 employees | \$195   |
| <input type="checkbox"/> Entrepreneurial Company Membership<br>▪ 15 or more employees    | \$450   |
| <input type="checkbox"/> Professional Membership   | \$1000  |
| <input type="checkbox"/> Grantor Membership  | \$1500  |
| <input type="checkbox"/> Annual Supporter  | >\$3000 |

**Payment Options**

- Check Enclosed (payable to CED) \$ \_\_\_\_\_
- Credit Card VISA  MC  AMEX  Acct# \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- Signature: \_\_\_\_\_
- Name on card (please print): \_\_\_\_\_
- Please send me an invoice

Please submit forms by:  
Fax: 919-549-7405 / Email: membership@cednc.org / Mail: P.O. Box 13353, RTP, NC 27709  
If you have questions regarding membership please call: 919-549-7500