



BUSINESS MEMBERSHIP APPLICATION

Please complete this form to apply for a *Business Membership* in the Connecticut Sustainable Business Council (CTSBC).

STEP 1: PROVIDE COMPANY INFORMATION		
Company Name		
Website	Phone	Fax
Address Line 1	Address Line 2	
City	State	Zip Code

PRIMARY SECTOR:

<input type="checkbox"/> Building and Construction	<input type="checkbox"/> IT (hardware, software, services)
<input type="checkbox"/> Consumer Goods & Food/Bev	<input type="checkbox"/> Professional Services
<input type="checkbox"/> Education	<input type="checkbox"/> Telecommunications
<input type="checkbox"/> Energy	<input type="checkbox"/> Retail
<input type="checkbox"/> Financial Services	<input type="checkbox"/> Hospitality
<input type="checkbox"/> Industrial & Manufacturing	<input type="checkbox"/> Transportation
<input type="checkbox"/> Health Care and Pharma	<input type="checkbox"/> Utilities (electricity, gas, water)
	Other: <input type="text"/>

ANNUAL REVENUE and FEES: The fee for BUSINESS MEMBERSHIP is based on annual revenue. Please mark below your company's annual revenue for the most recently completed fiscal year.

<input type="checkbox"/> Up to \$500,000 - \$280	<input type="checkbox"/> \$100,000,001 to \$500,000,000 - \$6,000
<input type="checkbox"/> \$500,001 to \$3,999,999 - \$600	<input type="checkbox"/> \$500,000,001 to \$999,999,999 - \$8,000
<input type="checkbox"/> \$4,000,000 to \$20,000,000 - \$1,000	<input type="checkbox"/> \$1,000,000,000 & up - \$12,000
<input type="checkbox"/> \$20,000,001 to \$100,000,000 - \$3,600	

STEP 2: PROVIDE CONTACT INFORMATION

PRIMARY REPRESENTATIVE <input type="radio"/> Use Company Address	First Name	Last Name
Title	Email	
Department/Unit/Division	Phone	Fax
Address Line 1	Address Line 2	
City	State	Zip Code
INVOICE CONTACT <input type="radio"/> Use Primary Representative <input type="radio"/> Use Company Address	First Name	Last Name
Title	Email	
Department/Unit/Division	Phone	Fax
Address Line 1	Address Line 2	
City	State	Zip Code

STEP 3: TELL US ABOUT YOUR COMPANY

Please provide a brief description to be included on the CTSBC website. If your company has a sustainability statement, please include it.

STEP 4: SIGN APPLICATION

As a CTSBC Business Member, my company will be listed on the CTSBC's website as a member that is committed to the mission set forth by CTSBC.

I certify that the information provided in this application is accurate to the best of my knowledge.

Signature

Date

Name

Title

Please send your completed application to: **hburns@ctsbouncil.org**

Upon approval, we will submit an invoice via email to the **Invoice Contact**.

Membership will commence upon receipt of payment.