



USCN MEMBERSHIP APPLICATION

Please complete and submit your application form. Once your application has been approved, you will receive a welcome letter and package.

What USCN benefits are you most interested in receiving? (Choose all that apply)

()Networking ()Procurement ()Access to Capital ()Education ()Exhibitions ()Other _____

Contact Person

_____	_____
First Name, Last Name	Representative First Name, Last Name (Corp. & Org member only)
_____	_____
Title	Title
_____	_____
Email	Email

Company Information *Required for processing

Company Name		

Address		
_____	_____	_____
City	State	Zip
_____	_____	_____
Phone	Fax	

Website		
*Business Industry _____		
*Geographic Market Area served _____		
*Years in Business _____ *No. of Employees _____ *Annual Sales \$ _____ *Tax payer ID Number _____		
* D & B Number _____ *W/MBE Certified? ___Yes ___No If Yes, Certifying Agency _____		
*Brief Company Description _____		

*Brief Description of the Products/Services you sell and buy _____		

How did you hear about the USCN? _____		

PLEASE SEND YOUR APPLICATION FORM TO THE FOLLOWING ADDRESS:

10 N. MARTINGALE ROAD, SUITE 400
SCHAUMBURG, ILLINOIS, 60173 U.S.A.
PHONE: 847-330-4476 FAX: 847-466-1101
EMAIL: membership@us-cn.org
WEBSITE: www.us-cn.org

The undersigned declares under penalty of perjury under the laws of the State of Illinois that the foregoing is true and correct. Falsification of any of the above information will cause immediate termination of membership. If my professional status should change within the year of my membership, I will notify USCN in writing within 30 days.

Printed Name _____

Signature _____