



## **MEMBERSHIP APPLICATION**

Date \_\_\_/\_\_\_/\_\_\_ (Membership will be active for 12 months from receipt.)

**SECTION I - Please complete this section as you'd like it to appear on the APCC website, used for referrals, and in our marketing platforms used to promote your business.**

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Contact Name and email:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Category** (i.e. restaurant, retail, hospitality): \_\_\_\_\_

**Section II – Please complete this section for our in-office administrative use only.**

**Primary Contact person:** (if different from Sec. I) \_\_\_\_\_

**Email for primary contact person above:** \_\_\_\_\_

**Optional additional contact:** (May request email blasts, etc.) \_\_\_\_\_

**Billing address** (if different from Sec. I): \_\_\_\_\_

**Phone:** cell \_\_\_\_\_ landline \_\_\_\_\_ (indicate preferred)

**Social media info.** (so we may follow you): twitter \_\_\_\_\_ FB \_\_\_\_\_ instagram \_\_\_\_\_

Who may we thank for referring you? \_\_\_\_\_

**Yearly membership fees as indicated below. (Note: Each application valid for one membership subscription. Discounts are available for additional locations or additional businesses owned by each applicant.**

Nonprofit or Government	\$150
<b>1-15 employees</b>	<b>\$200</b>
16 - 50 employees	\$325
51 or more employees	\$425

**Make checks payable to: APCC, PO Box 649, Asbury Park, NJ 07712**  
**We accept American Express, Discover, Mastercard, and Visa**  
**payments by calling 732.775.7676**