

COLORADO SPRINGS EXECUTIVES ASSOCIATION

Application for Associate Membership

(To be completed by the Active Member of the Company or Organization)

Please print.

Associate Membership shall be limited to managers, executive heads, or business representatives of Active Members, subject to the approval of the Board of Directors. Associate Members shall not be entitled to vote and shall pay not dues. -Article IV, Section 6, of the CSEA Bylaws

I wish to name the following person as an Associate for our company/organization:

What is the nominee's position and title? _____

How long has the potential Associate Member been in the position indicated? _____

How long has the nominee been associated with this business? _____

If less than two (2) years, what was the nominee's former occupation? _____

How long have you know the nominee? _____

How long has the potential Associate Member lived in Colorado Springs? _____

Please provide any additional information you feel would be helpful to the Board in consideration of this nominee for Associate Membership.

Business Communication Information

Telephone Number (with extension): _____

Fax Number: _____

E-Mail Address: _____

Check one:

_____ This Associate Member is the new Associate Member.

_____ This Associate Member is in addition to current Associates.

_____ This Associate Member replaces current Associates. Please delete the following Associate Member(s): _____

To the best of my knowledge, this person is of good character, ethical in business, and an outstanding representative of our company/organization.

_____ Date _____

Sponsor Signature

Name of Company or Organization