



Executive
Officers
Club

MEMBERSHIP APPLICATION

The information disclosed will be held in strict confidence.

This application must be accompanied by payment before processing and approval.
Please mail this application with your check to: 408 NW Rainier Terrace, Portland, OR 97210
Telephone: (503) 241-2729 Fax: (360) 835-2040 www.eocnw.com

CORPORATE MEMBERSHIP

- One-time initiation fee \$1,500 \$_____ Lifetime membership \$15,500
 Two-year membership \$4,800 \$_____ Business Focus Group \$3,750

Total enclosed \$_____

If you join the EOC mid-year, any prorated fees due for part of the third year will be calculated through the end of that year and billed at the beginning of the year. For example, if you join on May 1, 2008, your two-year membership is paid through April 30, 2010. Your fees for May 2010 - December 2010 will be due January 1, 2011.
 Lifetime Members are billed an annual maintenance fee not to exceed twenty-five percent (25%) of the annual dues paid by a Corporate Member. This annual maintenance fee shall begin in the year following the second anniversary date of membership. In the example above, the maintenance fee will be due and payable January 2011.

Name: _____
First Middle Last Name you like to be called

Business name: _____ Your title: _____

Business address: _____

City: _____ State: _____ Zip: _____ Email: _____

Office phone: (____) _____ Office fax: (____) _____ Cell Phone: (____) _____

I wish to receive mailings: _____ At home _____ At my business

Name(s) of designated alternate(s): _____

Business references:

1) _____
Name Company Phone number

2) _____
Name Company Phone number

Occasionally, the media asks us to supply names of EOC members whom they could interview, and we, per our policy, do not supply any information whatsoever. Please check one of the following:

- No, do not supply any information Please clear with me first before supplying information You may supply information any time information

Personal Data

Home address: _____

Home city: _____ State: _____ Zip: _____

Home phone: (____) _____ Name of spouse/partner: _____ No. of children _____

Schools Attended:

High school & city: _____ Graduation year: _____

Undergraduate school & degree: _____ Year of degree: _____

Graduate school(s) & degree: _____ Year of degree: _____

_____ Year of degree: _____

Business Background

List the professional organizations to which you belong (in order of priority attention):

1) _____ 2) _____ 3) _____

Please identify your particular area(s) of expertise:

General Management

Human Resources

Engineering

Finance

Marketing & Sales

Research & Development

Information Services

Manufacturing

Hotel/Restaurant

Medical

Travel

Entertainment Industry

Retail

Computer Services

Other: _____

About Your Company

Type of business:

Manufacturing

Finance

Construction

Distribution

Consulting

Health Care

Transportation

Communication

Other: _____

Your organization's principle products or services are: _____

Annual sales volume: _____

Number of employees: _____

I agree to abide by all the rules and policies of the EOC which may be amended from time to time by the management. All payments are non-refundable unless the applicant is not accepted for membership. By signing below, I agree to allow the EOC to verify references, obtain a credit report on my company and myself, and do any background checks deemed appropriate by EOC Management.

Signature: _____

Date: _____