



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 \$16,000  
 Two-year membership \$5,000 \$\_\_\_\_\_  Business Focus Group \$4,000

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, 2009, your two-year membership is paid through April 30, 2011. Your fees for May 2011 - December 2011 will be due January 1, 2012.  
 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 2012.

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: \_\_\_\_\_