

**APPLICATION FOR MEMBERSHIP**

\_\_\_\_\_ Active

\_\_\_\_\_ Associate

Name of Company \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

***Please designate an individual in your organization who should receive all Association mailings:***

Name of Contact Person: \_\_\_\_\_

Number of Employees \_\_\_\_\_

\_\_\_\_\_  
Application completed by (Name & Title) \_\_\_\_\_ Date

Brief Description of Business:

\*\* Referred by or how did you hear about us? \_\_\_\_\_

**Please return completed application to:**

\_\_\_\_\_  
Bedford Park-Clearing Industrial Association  
6535 South Central Avenue  
Bedford Park, Ill. 60638

Two current members of the Board of Directors must endorse application.

1. \_\_\_\_\_ 2. \_\_\_\_\_