

Confidential Membership Application

Annual membership fee is \$2,500 and includes participation by three individuals

Additional fee of \$1,000 for Peer Groups for each participant



One Alpha Drive, Elizabethtown, PA 17022
717-361-1275 thehighcenter@etown.edu

About the Applicant

company name _____ web address _____ primary contact's mobile number _____

primary contact's preferred first name _____ last name _____ title _____ email address _____

Two Additional Key Executive Contacts

preferred first name _____ last name _____ title _____ mobile number _____ email address _____

preferred first name _____ last name _____ title _____ mobile number _____ email address _____

Contact Information

mailing address _____ physical address (if different from mailing address) _____

city _____ state _____ zip _____ city _____ state _____ zip _____

telephone number _____ fax number _____

Referred By

_____ name _____ company _____

About the Company

Brief description of your business (Note: Attaching company promotional material is appreciated; but optional) _____

Company Founded: <input type="text"/>	Number of full-time equivalent employees: <input type="text"/>	Annual Revenue: <input type="checkbox"/> < \$3.0 million
month/day/year		<input type="checkbox"/> \$3 to 4.9 million
Company Generation: <input type="text"/>		<input type="checkbox"/> \$5 to 9.9 million
(1st, 2 nd , 3 rd , etc)		<input type="checkbox"/> \$10 to 19.9 million
How many family members in each generation currently work in the business:	Industry:	<input type="checkbox"/> \$20 to 49.9 million
<input type="checkbox"/> first	<input type="checkbox"/> construction	<input type="checkbox"/> \$50 to 99.0 million
<input type="checkbox"/> second	<input type="checkbox"/> distribution	<input type="checkbox"/> \$100 million +
<input type="checkbox"/> third	<input type="checkbox"/> manufacturing	
<input type="checkbox"/> fourth	<input type="checkbox"/> retail	
<input type="checkbox"/> other _____	<input type="checkbox"/> service	
	<input type="checkbox"/> other _____	

Would you like an IBIS report for your industry? If so, please provide your industry NAIC Code: _____
(This can be found at www.ibisworld.com.)

Signature _____

Date _____

Last Update: 7/1/2023

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Please mail the completed application to: **The High Center, One Alpha Drive, Elizabethtown, PA 17022**
Make check payable to: **Elizabethtown College - The High Center**