

Portland Executives Association Application for Associate Members

Date

Firm Name: _____

Firm #: _____

To: The Board of Directors

I hereby apply for recognition of (Name of applicant) _____
as the official Associate member for our firm in the Portland Executives Association, in
accordance with Section 2, Article IV, of the Bylaws.

Member's Signature

As an Associate member, I accept the responsibility to represent my firm in the Portland
Executives Association. I shall abide by all of the Bylaws and regulations of the Association.

Associate member name (Type or print)

Title

Associate member Signature

Home Address, City, State & Zip Code

Work Phone #

Home Phone #

Date of Birth

Name of Spouse

E-mail Address