

Application for Associate Membership 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)

 Work Phone:
 Home Phone:

Email Address:

Portland Executives Association, PO Box 4342, Portland, OR 97208 www.pdxex.org