



DATE

CIE NAME

CIE #

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

ASSOCIATE MEMBER TITLE

ASSOCIATE MEMBER'S SIGNATURE

ADDRESS

CITY

STATE

ZIP

PHONE @WORK

EMAIL

@HOME