



### INFORMATION VERIFICATION WORKSHEET

Company Name:			
Mailing Address:			
Physical Address (if different):			
Billing Address (if different):			
Name of Main Company Contact:			
Title:		Type of Industry:	
Contact Email Address:			
Company Phone #:		Company Fax #:	
Other Phone #:		Other Fax #:	
Contact Preference (fax or email)			
<b>Secondary Contact Information:</b>			
2 <sup>nd</sup> Contact Name:			
2 <sup>nd</sup> Contact Phone #:		2 <sup>nd</sup> Contact Fax #:	
2 <sup>nd</sup> Contact Email:			
2 <sup>nd</sup> Contact Preference (fax or email)			
<i>Number of Employees – Please indicate the correct number by and use attached sheet to determine your correct dues amount</i>			
Partnership Level:	1-5 Employees	6-20 Employees	21-59 Employees
Executive Level:	60-99 Employees		
Churches: <i>See Attached Sheet</i>			
Other Not for Profit Organizations: <i>See Attached Sheet</i>			
▶ Suggestion(s) for upcoming Program Ideas:			