

# Membership Application Request

Fax to – 216-898-0800    Attn – Colleen Hayes

**Company Name:** \_\_\_\_\_

**Business License Number:** \_\_\_\_\_

**Municipality Issued:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Alternate Contact:** \_\_\_\_\_

**Address-**

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Alternate Phone Number:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Requested User name:** \_\_\_\_\_

**Requested Password:** \_\_\_\_\_

**Check one or both options below**

\_\_\_\_ Receive Confirmation by E-mail

\_\_\_\_ Receive Confirmation by Fax

**For Company Use Only (Do Not Fill Out)** \_\_\_\_\_

Approved by - \_\_\_\_\_ Date: \_\_\_\_\_

Customer Number - \_\_\_\_\_

Customer Group - \_\_\_\_\_

For Questions of Assistance Contact us at  
216-898-7777 and ask for Colleen Hayes