



Corporate Membership Application

SWEP NC Triangle Memberships run from January 1 to December 31. All memberships expire on January 1. If you pay for your membership after October 1, then you are credited for the following year. See the [Membership page](#) of our website for a listing of benefits and a downloadable file explaining the many benefits that SWEP membership offers. We are currently asking for checks to be sent in for membership payments. Alternatively, we can also provide routing information for direct wire payments. In the future, we will offer online payment options.

1) Select membership type: *(for Individual membership, [use this form](#))*

- New
- Renewal

2) Complete company membership information:

Company/Organization _____

Mailing address _____

City _____ State _____ Zip _____

Main phone _____

Company website _____

SWEP NC Triangle Corporate Membership Form

3) Select corporate membership level:

Corporate Champion Level\$500

- 10 individual members
- Your logo on SWEP’s website and a link to your website
- Identification as a Corporate Champion on SWEP’s website
- Unlimited number of job postings on SWEP’s Job Bank (*in progress*)
- Corporate message or display ad in SWEP’s membership directory

Corporate Benefactor Level\$300

- 6 individual members
- Your logo on SWEP’s website and a link to your website
- A corporate message or display ad in SWEP’s membership directory

Corporate Basic Level.....\$200

- 4 individual members
- Your logo on SWEP’s website and a link to your website

4) Membership point of contact: (manager, specialist, or a SWEP member)

Name _____

Title/Role _____

Phone _____

Email _____

Please add me to your newsletter/events list

Mail a brochure or email a 250-word description of your company’s mission and target customers to be used in future SWEP marketing.

SWEP NC Triangle Corporate Membership Form

List 4 keywords for your business or organization:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Please list member names for your selected level:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Signature

Date

**Submit mail your application form electronically below
or print and mail with check payable to "SWEP NC Triangle"**
Katie Shepherd - SWEP Chair, 909 Capability Drive, Suite 2100 / Raleigh, NC 27606

SUBMIT FORM