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MEMBERSHIP APPLICATION

Company Member (1 st individual from the Company)	\$195	\$ _____
Additional Member(s) from the same Company (Please, provide contact information for each member. Use separate application if needed)	\$95 each.	\$ _____
	TOTAL	\$ _____

Company: _____ Individual Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

E-mail Address: _____ URL: _____

AMEX VISA M/C# _____	EXP. DATE: _____
TOTAL ENCLOSED: \$ _____	
SIGNATURE: _____	DATE _____
Credit card payment: Please fax application to 847.882.0362 Check payment: Make check payable to MBBI. Mail to above address.	

Check one category that best describes your firm. This information will be posted on MBBI's web site and membership directory. If you select Business Broker or M&A Intermediary, please supply appropriate license or registration - State and Number.

- Business Broker M&A Intermediary (State _____ Registration/License # _____)
- Corporate Buyer Asset Based Lender/Factoring SBA Lender
- Accounting Firm Law Firm Private Equity Group Commercial Banker
- Valuation Services Consulting Individual Buyer Other _____
- Renewal New Referring member: _____

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