



Member Application/Update Form

Company Name _____

Division (if Applicable) _____

Physical Address _____
Street City State Zip

Mailing Address _____
Street City State Zip

Telephone Number _____

Facsimile Number _____

Number of Employees _____

Product or Service _____

Companies in the Arrowood area with whom you do business: *(Associate applications only)*

President or Chief Executive

Name _____

Title _____

Email Address _____

Designated Arrowood Representative

Name _____

Title _____

Email Address _____

Human Resource Contact

Name _____

Title _____

Email Address _____

Facilities Management Contact

Name _____

Title _____

Email Address _____

Arrowood Member Recommending Membership: *(New Members)*

Name _____

Application Completed By _____

Company _____

Date _____

Payment of dues should be made payable to Arrowood Business Association and mailed to PO Box 7601, Charlotte, NC 28241-7601 when submitting this application. The Board of Directors meets monthly and reviews all applications. The membership chair will notify you of your membership and an information package will be sent to you.