



membership application

Please provide the following information and mail with your check for \$500 to:
Westchester County Association, 707 Westchester Avenue, White Plains, NY 10604
Attn: CONNECTIONS

Business

Organization

Name of Company/Organization: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email Address: _____

You may publish my email address in the Membership Profile

Only use my email address for WCA internal communication

Web Site Address: _____

Contact Person: _____

Number of Employees: _____

Nature of Organization (Industry Type): _____

Name of Principal Representative: _____

Title of Principal Representative: _____

Additional Representatives: Organizations may include two additional contacts to receive all WCA & CONNECTIONS information:

Contact Name: _____

Email Address: _____

Contact Name: _____

Email Address: _____

Description of organization to be printed in the Association Membership Profile (**50 words** or less):

Name of individual filling out this form: _____ Phone number: _____