



CLARION COUNTY ECONOMIC DEVELOPMENT CORPORATION

MEMBERSHIP APPLICATION

Date: _____

Name of Organization: _____

Your Name: _____

Your Title: _____

Firm's Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Telephone Number: _____ Fax Number: _____

Description of Business: _____

Number of Employees: _____ Membership Fee: \$ _____

Return this application, along with your payment, to:

**Clarion County Economic Development Corporation
330 North Point Drive
Suite 212, 213
Clarion PA 16214**