



# Clarion County Economic Development Corporation

## Membership Application

Date: \_\_\_\_\_

Name of Business/Organization: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Title: \_\_\_\_\_

Business Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Description of Business:

\_\_\_\_\_  
\_\_\_\_\_

Number of Employees: \_\_\_\_\_ Membership Fee: \$ \_\_\_\_\_

Return this application and payment to: Clarion County Economic Development Corporation

840 Wood St. Carrier Administration Building #103 Clarion, PA 16214