



CLARION COUNTY, PA
ECONOMIC DEVELOPMENT

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

PO Box 109
Clarion, PA 16214