



DATE: _____

NEW

RENEW

Baltimore POWER Group		
NAME:		
POSITION/TITLE:		
MAILING ADDRESS: <small>Provide both, choose preferred only</small>	<input type="checkbox"/> Work:	<input type="checkbox"/> Home:
EMAIL ADDRESS:	<input type="checkbox"/>	<input type="checkbox"/>
PHONE #:	<input type="checkbox"/>	<input type="checkbox"/>
BILLING ADDRESS: <small>If different from above</small>		
BIRTHDATE: <small>Month and Date only</small>		
Referred By:		
Choose	<input type="checkbox"/>	PM/OM
	<input type="checkbox"/>	VENDOR

DUES FOR 2020 ARE \$250.00;
Return completed application to baltimorepowergroup@gmail.com

REMEMBER TO JOIN OUR FACEBOOK PAGE!!

To be completed by Vendors only: (PM/OM Referrals) Required for membership

1: _____ 2: _____

3: _____ 4: _____