



Engage • Inspire • Motivate • Support

DATE: _____

NEW

RENEW

Baltimore POWER Group

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

Dues for 2023 \$375.00

INQUIRE ABOUT + MEMBERSHIP PRICING

Return send 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: _____

Master List

Email

Bday

Names

Website

L&L list

Welcome