



Engage • Inspire • Motivate • Support

DATE: _____

NEW

☐

RENEW

☐

Baltimore POWER Group

NAME:

POSITION/TITLE:

MAILING ADDRESS:

Provide both, choose preferred only

☐ Work:

☐ Home:

EMAIL ADDRESS:

☐
☐

PHONE #:

Home:

Cell:

Work:

BILLING ADDRESS:

If different from above

BIRTHDATE:

Month and Date only

Referred By:

Choose

☐

PM/OM

☐

VENDOR

Inquire about Dues for Vendor & PM/OM Pricing

Regular & Plus Membership

Plus membership includes one ticket to our annual Holiday Event at a discount

Send completed application to baltimorepowergroup@gmail.com

☐

Regular Membership

☐

Plus Membership

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

Nettag

Website

L&L list

Welcome