



MEMBERSHIP APPLICATION

CBLA member sponsoring you: _____

Name: _____

Your Firm: _____

Address: _____

Phone: _____

Email: _____

Home Address: _____

Brief description of type of business: _____

Job Title / Position with firm: _____

Years with Firm: _____ Years in Charleston: _____

Please read by-laws before submitting application. Available at www.TheCBLA.org
By-laws read and understood Yes _____ No _____

Please submit a check with application for \$180.00 (\$30 application fee + \$150 for the first quarter's dues). Please submit this application to:

Greg Schoonover
3516 E. Higgins Drive
Mount Pleasant, SC 29466
musicallegro@yahoo.com

Signature: _____ Date: _____

Internal use only

Check: _____ 1stR _____ 2ndR _____ OK: _____