



MEMBERSHIP FORM

Name: _____
 First Middle Last Nickname

Title/Degree: _____

- Individual Membership \$40
- Couple Membership \$68 (*same household*)
- Student Membership \$15

Address: _____

City State Zip

Primary Phone: _____

Occupation: _____
 Job Title

Company Name: _____

Email Address: _____

Website: _____

I agree to uphold the Guild's Specific Goals as stated in its bylaws' purpose: To establish and nurture a network of business and professional resources; To encourage fellowship and support among business and professional persons; To provide and promote positive role models in an atmosphere of equality and diversity for the Gay, Lesbian, Bisexual and Transgender Community.

Sign X: _____

Date: _____

You may submit your completed membership application with payment at the regular monthly business meeting or mail to:
TBPG, c/o SG Wicker, 3001 Masonic Drive, Greensboro, NC 27403

Partner's Information:

Name: _____
 First Middle Last Nickname

Phone: _____

Occupation: _____ Company: _____

Email Address: _____