GHCC Pillars Membership Application

Your Group Name Hero	e:			
Name:				
Phone:				
Business name:				
Business address:				
City		State	Zip	
UBI number:	Website	e:		
What is your industry?			For ho	w many years?
Names of Pillars group sponso	ors: 1	2		
Please list any professional cer	rtifications & applic	cable licenses		
Are you licensed & bonded? (Note if NOT APPL	ICABLE) YES, NO, N/A	License#	
Based on your industry, please 1		nt members with whom yo	ou'd work the clo	osest
2				
3				
Please list three references:				
Name	Phone	Email		Relationship
Give a detailed description of	your business and a	all the current services offe	ered.	
You are applying to a Gig Harbor Chainformation is accurate and current. We required to build trust relationships with dedication to the group. By signing the the strictest ethics of this section, the	amber of Commerce Pill Ve hold the four pillars o ith the members of this s is application, you ackno	of this group to be Ethics, Loyalty section, in essence, a business far sowledge these terms, promise to	formation on this app y, Service, and Comn mily. This requires re	nerce. If accepted, you will be gular attendance and
Signature	Date			