



mindshare

Membership Application

I. Company Information

Company Name:				
Doing Business As:				
Address 1:		Address 2:		
City:	State:		Zip:	
Company Phone:		Web site address:		
No. full-time employees:		Revenues last fiscal year (est.):		
Brief Business Description:				
Business Type: <input type="checkbox"/> Public Firm <input type="checkbox"/> Private Firm <input type="checkbox"/> Nonprofit <input type="checkbox"/> MBE <input type="checkbox"/> FBE				
Other				

II. Company Contact

Business Owner:		Middle:	Last:		Jr., Sr., III:
Title:		Ms.	Mr.	Dr.	Other
Direct Phone:		E-mail:			
How Long Have You Been the Owner:					
Referred By:					

III. Company Preferences

Please select your top three preferences for the types of businesses that you want as a part of your MindShare group? (Select only 3, listing 1, 2, 3 as your top choices)

- Service oriented
- Product oriented
- Internet oriented
- Home based oriented
- Retail oriented
- Professional
- Sales oriented

COSE
Join your cause.



What are your most important business goals this year?
Please rank the top 3 by putting a number 1, 2, or 3 next to the appropriate items:

- Increase sales
- Bring on employees
- Get my bookkeeping in order
- Obtain outside funding/investment
- Time management
- Expand my business geographically
- Create a formalized marketing plan
- Create a strategic plan
- Expand my product line
- Move my business to a space outside of my home
- Obtain major press coverage for my business
- Sell my product/services via the Web

Are there other COSE members that you would like to have in a MindShare group with you? If so, please indicate their names or industry below.

Are there other COSE members that, for competitive purposes, you would prefer **NOT** be in a MindShare group with you? If so, please indicate their names or industry below.

IV. Authorization

COSE Member ID#:

Annual Membership Dues \$295: (make check payable to COSE)

I have read and agree to terms of membership (below).

Signature: _____

Date: _____

Credit Card Number: _____

Type: _____

Name on Card: _____

Expiration Date: ____/____/____

V. Terms of Membership

This application does not guarantee acceptance into the MindShare Program.

The membership covered by this application shall be considered as renewed from year to year, on the anniversary month of the membership, unless notice is given in writing prior to the renewal date. Annual charges are to be paid in advance. Dues invoices are automatically issued 30 days in advance of a member's anniversary month. COSE MindShare dues may be tax-deductible as a business expense, however they are not deductible as a charitable contribution for federal income tax purposes. Please contact your financial advisor. Dues are not refundable, and membership is subject to the rules and regulations of the COSE MindShare Program.

Please complete and return with payment to:

COSE
P.O. Box 74995
Cleveland, OH 44194-1078
Fax: (216) 621-4617

Questions, please contact Nicole Stika at (216) 592-2338 or nstika@cose.org