



*Member Application/Update Form*

Company Name \_\_\_\_\_

Division (if Applicable) \_\_\_\_\_

Physical Address \_\_\_\_\_  
*Street City State Zip*

Mailing Address \_\_\_\_\_  
*Street City State Zip*

Telephone Number \_\_\_\_\_

Facsimile Number \_\_\_\_\_

Number of Employees \_\_\_\_\_

Product or Service \_\_\_\_\_  
\_\_\_\_\_

Companies in the Arrowood area with whom you do business: *(Associate applications only)*

\_\_\_\_\_  
\_\_\_\_\_

**President or Chief Executive**

Name \_\_\_\_\_

Title \_\_\_\_\_

Email Address \_\_\_\_\_

**Designated Arrowood Representative**

Name \_\_\_\_\_

Title \_\_\_\_\_

Email Address \_\_\_\_\_

**Human Resource Contact**

Name \_\_\_\_\_

Title \_\_\_\_\_

Email Address \_\_\_\_\_

**Facilities Management Contact**

Name \_\_\_\_\_

Title \_\_\_\_\_

Email Address \_\_\_\_\_

Arrowood Member Recommending Membership: *(New Members)*

Name \_\_\_\_\_

Application Completed By \_\_\_\_\_

Company \_\_\_\_\_

Date \_\_\_\_\_

Payment of dues should be made payable to Arrowood Association and mailed to PO Box 7601, Charlotte, NC 28241-7601 when submitting this application. The Board of Directors meets monthly and reviews all applications. The membership chair will notify you of your membership and an information package will be sent to you.