



POCONO BUSINESS  
REFERRAL EXCHANGE

# Pocono Business Referral Exchange - Membership Application

Please fill out the Membership Application and return it to the PBRE Membership Chairman..

FIRM NAME

PRIMARY REPRESENTATIVE

TITLE

STREET ADDRESS

CITY

STATE

ZIP

MAILING ADDRESS (if different from above)

CITY

STATE

ZIP

TELEPHONE

FAX

E-MAIL ADDRESS

WEB SITE

BUSINESS TYPE

NUMBER OF EMPLOYEES

HOME BASED BUSINESS: YES/NO

BUSINESS CLASSIFICATION REQUESTED

SPONSORING MEMBER OR HOW YOU HEARD ABOUT PBRE

**Please list any information our members should know to help refer your business: (if additional space is needed, please write on the back of the application)**

**Membership Application Fees**

Application

\$100

Please attach your business card here.