



**COASTAL CAROLINA  
T O M O R R O W**

**2009 Membership Application**  
*Coastal Carolina Tomorrow, Inc.*  
*PO Box 172 Wilmington, N.C. 28402*  
Email: [Melanie@coastalcarolinatomorrow.com](mailto:Melanie@coastalcarolinatomorrow.com)

Applicant's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Company Web site: \_\_\_\_\_  
Business Activities: \_\_\_\_\_ # of Employee: \_\_\_\_\_  
Years in Business: \_\_\_\_\_

**PREFERRED METHOD OF COMMUNICATION:**

Mail  Fax  Email

Please Note: CCT's preferred method to communicate with members is email, and by choosing another form of communication, you may not receive all membership information.

**REFERENCES:**

Bank Name: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**SPONSORSHIP (NOT REQUIRED):**

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

**DUES STRUCTURE & CLASSIFICATION:**

\_\_\_\_ Founding Member: \$5000  
\_\_\_\_ Financial Institution \$2500  
\_\_\_\_ Associate Professional Member \$1000 (*Rates valid through 12/31/09*)

**Full payment is due with this application.** (Dues paid are not tax deductible as charitable contribution for income tax purposes. However, since dues payment may be deductible as an ordinary and necessary business expense, we would advise you to check with your accountant.)

**Payment Information**

Enclosed is my check (make checks payable to: **Coastal Carolina Tomorrow, Inc.**)

The undersigned hereby applies for membership in **Coastal Carolina Tomorrow, Inc.** ("CCT"), and if accepted, agrees to abide by the Constitution, Bylaws and Code of Ethics. Further in the event of termination of membership, the undersigned agrees to discontinue use of the CCT logo in any form and return any money owed to the CCT.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_