



**Private Sector
Technology Group**

Membership Application

Please provide the following information:

Company Name: _____

Representative Name: _____

Representative Title: _____

Representative Email address: _____

Company Address: _____

Company Phone Number: _____

Company Fax Number: _____

Company website address: _____

After submitting your Membership Application, you will be billed for your membership dues. Dues are only \$100.00 per year.