



**PEARL MEMBERSHIP APPLICATION
PROFESSIONAL ELECTRICAL APPARATUS RECYCLERS LEAGUE**

Date of Application _____

(Please type or print)

Name of Firm _____

Name of Person Completing Application _____ Title _____

Name of Chief Executive Officer _____ Title if other than CEO _____

Name of Person to serve as PEARL Delegate _____

Address of Firm _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

E-Mail _____ Web _____

Check One:

- Affiliate Member**
- Associate Member**
- Associate Member requesting site inspection to upgrade to Service Organization Member**
- Associate Member requesting site inspection to upgrade to Full Member**

I hereby make application to become a member in the Professional Electrical Apparatus Recyclers League (PEARL), on behalf of our firm, and by my signature below, agree to abide by the Bylaws of PEARL, Policies and Procedures of PEARL and any amendments thereof.

Signature of person completing Application _____

Signature of Chief Executive Officer _____

Please send your completed application and payment to:
PEARL
4255 S Buckley Rd #118
Aurora, CO 80013
Federal Tax ID #84-1441704