



**Application for Corporate Sponsor Membership  
in  
The EOD MasterBlasters, Inc.  
P.O. Box 87  
Crawfordville, FL 32326-0087**



Company/Corporation Name: \_\_\_\_\_

Name of Company/Corporation Point of Contact: \_\_\_\_\_

Mailing Address (Please include 9-digit zip code, if known)\*: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company/Corporation Phone Numbers: \_\_\_\_\_

Company/Corporation Fax Number: \_\_\_\_\_

Brief Description of Company's/Corporation's Principal Business Activity: \_\_\_\_\_

\_\_\_\_\_

**Membership General Information:**

Corporate sponsor members shall be provided copies of the association's newsletter, *The Hellbox Times*, (normally published twice a year), and advertising space in the newsletter for the purpose of recognition or prospective employee recruitment activities. Advertising copy and space shall be subject to the approval of the newsletter editorial staff. In addition, if desired, a link to the company's/corporation's website shall be established in the EOD MasterBlasters' website ([www.eodmbi.com](http://www.eodmbi.com)). Corporate sponsor members shall be provided a membership certificate and card.

**Dues:**

*Annually:* Corporate Sponsor Members - **\$100.00 per year**. Please make checks payable to The EOD MasterBlasters, Inc., or EODMBI and mail to the above address. Thank you.

Signature of Company/Corporate Representative: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
(Names/Title)

Entered in Membership Rolls \_\_\_\_\_ Membership Certificate Prepared \_\_\_\_\_ Membership Card Prepared \_\_\_\_\_