



## Membership Renewal Application

Name \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

Social Media Apps (optional) \_\_\_\_\_

I would like my information included on the CDI Website Member Listing YES NO

Recent Training \_\_\_\_\_

Contact information for Training Program \_\_\_\_\_

Your Membership Level \_\_\_\_\_ Would you like to return at the same level?

If you choose a higher level, who is your sponsor? \_\_\_\_\_

Specialization of your business (include any products you carry)

\_\_\_\_\_  
\_\_\_\_\_

Computer Skills \_\_\_\_\_

**Email to: [nmorelli@braeman.com](mailto:nmorelli@braeman.com) Mail to: Nicole Morelli, 9544 Manzanita Ave., Ben Lomond, CA 95005**