
Company:	Twitter/Social Media Handle:
Address:	
Phone Number:	Fax Number:

WTCSE MISSION STATEMENT

World Trade Center Seattle (WTCSE) celebrates the importance of international trade and promotes business development in the Pacific Northwest through its network of business leaders and members. WTCSE directly supports over 40 nonprofit and trade organizations in our region. WTCSE is part of the World Trade Center Association (WTCA), the largest international, educational and business services network in the world; an affiliation that provides members with access to over many of the 330 World Trade Centers in 93 countries. Members of the WTCSE are committed to the prosperity of Seattle and its surrounding regions.

CONDITIONS OF MEMBERSHIP

WTCSE is an affiliate of the World Trade Center Association (WTCA). As a member of the WTCSE, you are entitled to all rights and services provided by WTCSE and will be issued a membership card which will provide access to reciprocal services at World Trade Centers throughout the world. Membership cards are non-transferable and will remain active as long as your membership is current. At the Corporate Sponsorship level, your company may select fifteen (15) company team members to receive Executive Membership privileges as designated in this application.

TERMS AND CONDITIONS**Security and Liability**

The WTCSE, Columbia Hospitality and the Port of Seattle shall assume no responsibility for the damage or loss of any article(s) left in the facility prior to, during, or after use of the WTCSE. The organization or individual using the WTCSE agrees to accept full responsibility for the conduct of themselves, guests, or outside contractors and assumes liability for any damages caused or charges incurred by its members, guests, or outside contractors. The WTCSE requires notification of and prior approval of any outside contractor. Patron hereby indemnifies and holds harmless Operator, WTCSE, the owners, their officers, directors, employees, agents, and each of the foregoing, against any and all claims, liabilities or costs (including reasonable attorney's fees and whether by reason of personal injury or death or property damage or otherwise) arising out of or connected with the Event or this Agreement, caused or contributed to by the negligence of Patron, or any guest, invitee, or agent of Patron or any independent contractor hired by Patron.

Food and Beverage

All food and beverage, including alcohol, must be supplied, served, and prepared by the WTCSE. No outside food or beverage shall be brought into the facility by members or their guests. The Washington State Liquor Control Board regulates the sale and service of all alcoholic beverages and the WTCSE is responsible for the administration of those regulations. It is our policy, therefore, that no alcoholic beverages may be brought into the WTCSE for a function. The WTCSE reserves the right to refuse service to guests who appear intoxicated.

By signing below I acknowledge that I'm an authorized signer for my company and have read the WTCSE Mission Statement and agree to the terms and conditions of the membership.

Signature:	Date:
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Company:

1)	Member Name:	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Hon. <input type="checkbox"/>
	Title:	Email:
	Phone #:	Fax #:
	Spouse/Domestic Partner Name*:	Phone #:
2)	Member Name:	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Hon. <input type="checkbox"/>
	Title:	Email:
	Phone #:	Fax #:
	Spouse/Domestic Partner Name*:	Phone #:
3)	Member Name:	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Hon. <input type="checkbox"/>
	Title:	Email:
	Phone #:	Fax #:
	Spouse/Domestic Partner Name*:	Phone #:
4)	Member Name:	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Hon. <input type="checkbox"/>
	Title:	Email:
	Phone #:	Fax #:
	Spouse/Domestic Partner Name*:	Phone #:
5)	Member Name:	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Hon. <input type="checkbox"/>
	Title:	Email:
	Phone #:	Fax #:
	Spouse/Domestic Partner Name*:	Phone #:
6)	Member Name:	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Hon. <input type="checkbox"/>
	Title:	Email:
	Phone #:	Fax #:
	Spouse/Domestic Partner Name*:	Phone #:
7)	Member Name:	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Hon. <input type="checkbox"/>
	Title:	Email:
	Phone #:	Fax #:
	Spouse/Domestic Partner Name*:	Phone #:
8)	Member Name:	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Hon. <input type="checkbox"/>
	Title:	Email:
	Phone #:	Fax #:
	Spouse/Domestic Partner Name*:	Phone #:

Company:

9)	Member Name:	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Hon. <input type="checkbox"/>
	Title:	Email:
	Phone #:	Fax #:
	Spouse/Domestic Partner Name*:	Phone #:
10)	Member Name:	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Hon. <input type="checkbox"/>
	Title:	Email:
	Phone #:	Fax #:
	Spouse/Domestic Partner Name*:	Phone #:
11)	Member Name:	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Hon. <input type="checkbox"/>
	Title:	Email:
	Phone #:	Fax #:
	Spouse/Domestic Partner Name*:	Phone #:
12)	Member Name:	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Hon. <input type="checkbox"/>
	Title:	Email:
	Phone #:	Fax #:
	Spouse/Domestic Partner Name*:	Phone #:
13)	Member Name:	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Hon. <input type="checkbox"/>
	Title:	Email:
	Phone #:	Fax #:
	Spouse/Domestic Partner Name*:	Phone #:
14)	Member Name:	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Hon. <input type="checkbox"/>
	Title:	Email:
	Phone #:	Fax #:
	Spouse/Domestic Partner Name*:	Phone #:
15)	Member Name:	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Hon. <input type="checkbox"/>
	Title:	Email:
	Phone #:	Fax #:
	Spouse/Domestic Partner Name*:	Phone #:

**Spouses /Domestic Partners have dining privileges. If charges are to be placed on a separate credit card, please provide another credit card authorization form to the Membership Services Coordinator, 206.441.5144 or conciierge@wtcseattle.com.*