

**APPLICATION FOR MEMBERSHIP**

Date of Application: \_\_\_\_\_

Member Organization Name: \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Toll Free: \_\_\_\_\_

Principal Contact: \_\_\_\_\_ Title: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Description: \_\_\_\_\_

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

Web site address: \_\_\_\_\_

Please check one of the membership options and include your membership dues with this application. Membership is renewed yearly starting with the date you joined and renewed on your anniversary.

- \$500 Sustaining Membership \_\_\_\_\_
- \$125 Business Membership \_\_\_\_\_
- \$50 Non-Profit Membership \_\_\_\_\_
- \$30 Individual Membership \_\_\_\_\_

Member Signature \_\_\_\_\_