



# Membership Application

Organization Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_ Web Address \_\_\_\_\_

Year Founded \_\_\_\_\_ Number of Employees \_\_\_\_\_

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

Please list additional employee e-mail addresses to receive announcements and information: \_\_\_\_\_

**Dues Classification: Include permanent employees, management, and staff.**

0 - 5	Employees (includes sole proprietors)	\$150
6 - 15	Employees	\$200
16 - 30	Employees	\$300
31+	Employees	\$400
	Non-Profit Organizations (Charitable/Fraternal/Civic/Social/Religious Organizations)	\$100
	Individual (not affiliated with any commercial enterprise)	\$75

**Special Investor Membership**

Bronze Investor	\$500
Silver Investor	\$1,000
Gold Investor	\$1,500
Platinum Investor	\$5,000

**Payment Options**

\_\_\_\_\_ Check enclosed      Credit Card    \_\_\_ VISA    \_\_\_ MC    \_\_\_ AMEX    \_\_\_ Discover

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Account #: \_\_\_\_\_      CSC #: \_\_\_\_\_

Expiration Date: \_\_/\_\_/\_\_

Signature: \_\_\_\_\_