

# MEMBERSHIP APPLICATION

Company Name: \_\_\_\_\_

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

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

Contact Person: \_\_\_\_\_

Voting Member: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Description of Business (25 words or less): \_\_\_\_\_

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

## Annual Dues

Social (Individuals, Direct Sales, Daycares, Churches):	\$75
Partner:	\$250
Advocate:	\$500
Visionary:	\$1,000
Champion:	\$2,000
Leader:	\$3,000

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

Your membership will renew annually and is continuous until a written resignation is received. Dues are non-refundable.

