



New Member 2018

Organization Name:			
Brief Description:			
Mailing Address:	Street or PO Box	City	State Zip+4
Physical Address:	Number and Street	City	State Zip+4
Business Telephone Number		Business Fax Number	
Business Toll Free Number		Business Email	
Company Website	www.		
Voting Representative	First Name, Last Name		
Telephone Number		email Address	
Alternate Voting Representative	First Name, Last Name		
Telephone Number		email Address	
Number of Full Time Employees			Dues Amount
Please Check One or more of the following categories:			
<input type="checkbox"/> 1-9 Employees			\$125
<input type="checkbox"/> 10-100 Employees			\$180
<input type="checkbox"/> 100 + Employees			\$300
<input type="checkbox"/> Second Standard Business, School or Gov't Agency for the Same Owner(s)			\$50
<input type="checkbox"/> Non-profit Agency, Organization or Church – 1- 4 employees			\$55
<input type="checkbox"/> Non-profit Agency, Organization, or Church – 5 + employees			\$105
<input type="checkbox"/> Private Individual, Unaffiliated, no business listing			\$45

SPONSORING MEMBER~\$250 OR MORE IN ADDITION TO DUES INVESTMENT Indicate amount ⇨ _____

Total Amount: (Dues + Sponsorship) \$ _____

Check Enclosed Visa MasterCard Name as printed on card: _____

Expiration Date: ____/____ Security Code: _____

Card Number

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Signature: _____ Date _____