



Membership Application

I would prefer to remain "anonymous".

Shasta VOICES, as a private organization, does not share our membership or contributor information with any outside individual or organization.

 Company Name (or individual) No. of Employees

 Company Address City/State Zip Code

 Mailing Address (if different than location) City/State Zip Code

 Telephone (including area code) FAX (including area code)

 E-mail Address Internet – http:// address

 Business Category Year Established

 Principle/Owner/C.E.O. Title

 Main Contact Person Title

Number of Employees	Annual Dues
1-20	\$ 250.00
21-35	\$ 500.00
Over 35	\$ 1,000.00
Associations/Groups	\$ 2,500.00
Contribution	\$ 25.00 (or any)
Special Projects	\$ quoted separately

ANNUAL PAYMENT	Annual Dues	\$ _____
Date _____	Other Contribution	\$ _____
	Total Payment	\$ _____
Date Paid _____	Total Paid	\$ _____
Paid by Check # _____		

Send Completed Application and payment to:

**Shasta VOICES
 P.O. Box 492794
 Redding, CA 96049
 Phone: (530) 222-5251**