



# 2021 MEMBERSHIP APPLICATION

## MEMBERSHIP LEVEL

Review information for each level in our [Membership Brochure](#)

BASICS  
\$325

ACCESS  
\$500

STRATEGIC  
\$1000

CHAMPION  
\$2500

VISIONARY  
\$5500

## ORGANIZATION INFORMATION

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

Physical Address: \_\_\_\_\_

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

Leave this blank if your physical address is the same as your billing address. Please contact us if you also have a different general mailing address.

Organization Website Address: \_\_\_\_\_

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

## PRIMARY REPRESENTATIVE INFORMATION

Primary Representative Name: \_\_\_\_\_

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

## BILLING REPRESENTATIVE INFORMATION

Leave this section blank if your billing representative is the same as your primary representative.

Billing Representative Name: \_\_\_\_\_

Billing Representative Email: \_\_\_\_\_

## PAYMENT METHOD

- Check enclosed  Send me an invoice
- Credit card over the phone or in person  Provide me with a form for the monthly automatic payment plan