



2023 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