



# 2024 MEMBERSHIP APPLICATION

## INVESTMENT 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: \_\_\_\_\_ NAICS Code: \_\_\_\_\_

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

## PRIMARY REPRESENTATIVE INFORMATION

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

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

Total Number of Employees: FT \_\_\_\_\_ PT \_\_\_\_\_ Seasonal \_\_\_\_\_

## 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

Please submit a jpeg business logo to [support@explorehutchinson.com](mailto:support@explorehutchinson.com)