



ANNUAL MEMBERSHIP APPLICATION

**INDIVIDUAL MEMBERSHIP
(Business Membership on Reverse)**

Name: _____

Address: _____

Street Address

City

State

ZIP Code

Home Phone: _____ Email: _____

Work Phone: _____ Mobile: _____

Signature: _____ Date: _____

OUR INVESTMENT SCHEDULE

BUSINESS MEMBERSHIPS

Number of Employees	Annual Investment Amount
1-5	\$100
6-10	\$120
11-20	\$150
21-50	\$200
51-100	\$250
101 and Above	\$350

OTHER MEMBERSHIPS

Individual Supporter	\$40
Civic Clubs	\$100
Governmental Agencies	\$100
Non-Profit Organizations	\$100
Financial Institutions	\$500

Part-Time Employees are counted as 2 to 1
Those paying \$40 individual supporter will be listed
by individual name and not by business.

BUSINESS MEMBERSHIP

Name: _____

Address: _____

Physical Address

Mailing Address

City

State

ZIP Code

Number of Employees

Full Time

*Part-Time
(counted 2-to-1)*

Website: _____

Phone: _____

Fax: _____

Email: _____

PRIMARY REPRESENTATIVE

Name: _____ Phone: _____

Address: _____

Mailing Address

City

State

ZIP Code

Email: _____ Fax: _____

ADDITIONAL REPRESENTATIVE

(optional – may only vote as proxy for primary representative but may participate in meetings, activities, committees, etc.)

Name: _____ Phone: _____

Address: _____

Mailing Address

City

State

ZIP Code

Email: _____ Fax: _____

Signature: _____ Date: _____

We accept the following payment forms. Dues are payable in advance. Only one vote is allowed per membership.

