



ANNUAL MEMBERSHIP APPLICATION

INDIVIDUAL MEMBERSHIP

Name: _____

Address: _____

Street Address

City

State

ZIP Code

Home Phone: _____ Email: _____

Work Phone: _____ Fax: _____

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 |
| Financial Institutions | \$500 |
| Civic Clubs | \$100 |
| Governmental Agencies | \$100 |

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: _____

Dues are payable in advance. Only one vote is allowed per membership.