

MEMBER APPLICATION

Date:	Member Type:	Member	☐ Renewing Member
Business, Organization, or Individual N	ame:		
Address (address, city, state, zip):			
Mailing Address (if different than abov	e):		
Phone Number:	Fax Number:		Email:
Web Address:			
Name of Representative for Board Mee	etings if Business or Organization		
Once a platinum level member has been app of Directors shall have two (2) members as v to three years, depending on the length of I	proved by the Board of Directors, they shall voted on by the Gold Level Members at the membership fee remitted. Silver: The Boa e term of membership shall be for a perion hall have three (3) members as voted on b	l be appoint Annual Me ard of Direct d of one to by the Regul	
Please check the below box indicating	the type of membership and term you	u desire:	
Principal (\$10,000/year)	☐ 1 Year ☐ 2 Years ☐ 3 Y	Years	Membership is effective the date the Board of Directors approves your membership application and will renew each year on that date.
Platinum (\$5,000/year)	☐ 1 Year ☐ 2 Years ☐ 3 Y	Y ears	
Gold (\$2,500- \$4,999/year)	☐ 1 Year ☐ 2 Years ☐ 3 Y	Y ears	
	Amount:		Please indicate below how you would like to be billed:
Silver (\$1,000-\$2,499/year)	☐ 1 Year ☐ 2 Years ☐ 3 Y	Y ears	Bill me for the entire year
	Amount:		
Regular (\$500/year)	☐ 1 Year ☐ 2 Years ☐ 3 Y	Years	☐ Bill me quarterly
Signature of Applicant:			
		•••••	
	For Office Use		
Date received:			Accounting
Date approved by Board of Directors:			Invoiced on:
Signature of Board President:			Amount Rec'd: