



# Membership Application

Business/Organization Name: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

Billing/Contact Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Billing Phone: (\_\_\_\_\_) \_\_\_\_\_

Membership Level (12-month membership, billed annually):

Patron \$1,000     Business \$250     Non-Profit \$175     Individual \$100

Check enclosed     Bill me

Physical Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Customer/General Phone: (\_\_\_\_\_) \_\_\_\_\_

Customer/General Email: \_\_\_\_\_

Website: \_\_\_\_\_

Facebook \_\_\_\_\_  Instagram \_\_\_\_\_

Describe your business/organization (for website and directory listing) 20-30 words:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Member to Member discount (optional): \_\_\_\_\_

\_\_\_\_\_