



MEMBERSHIP APPLICATION

Individual members complete Parts I and III. Individual dues = \$40/year

Business members complete Parts II & III. Dues—see schedule.

Part I: INDIVIDUAL MEMBERSHIP

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

HOME PHONE _____ WORK PHONE _____ FAX _____

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

Signature _____ Date _____

PART II: BUSINESS MEMBERSHIP

(INCLUDING CIVIC, NON-PROFIT, GOVERNMENT AGENCY & FINANCIAL INSTITUTIONS)

BUSINESS NAME _____

PHYSICAL ADDRESS _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

NUMBER OF EMPLOYEES: FULL TIME _____ PART TIME (counts as 2/1) _____

DUES _____ WEBSITE _____ PHONE _____

PRIMARY REPRESENTATIVE:

NAME _____ PHONE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____ FAX _____

ADDITIONAL REPRESENTATIVE:

(OPTIONAL—MAY ONLY VOTE AS PROXY FOR PRIMARY REPRESENTATIVE, BUT MAY PARTICIPATE IN MEETINGS, ACTIVITIES, COMMITTEES, ETC.)

NAME _____ PHONE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____ FAX _____

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

Signature _____ Date _____

PART III: COMMITTEES

PLEASE INDICATE THE COMMITTEES YOU WISH TO PARTICIPATE IN:

- Membership
- Awards & Recognition
- Transportation
- Publicity & Marketing
- Legislative
- Education & Technology
- Program Planning
- Health & Environment
- Economic Development