



Membership Form

Member information

Company _____
First Name _____
Last Name _____
Address _____
Cell Phone _____ Work Phone _____
Email _____

Membership Levels (check one)

Individual	\$35/yr.	<input type="checkbox"/>
Student	\$25/yr.	<input type="checkbox"/>
Senior 65+	\$25/yr.	<input type="checkbox"/>
Dual	\$100/yr.	<input type="checkbox"/>
Non-profit	\$500/yr.	<input type="checkbox"/>
Corporate	\$1,500/yr.	<input type="checkbox"/>
Platinum	\$5,000/yr.	<input type="checkbox"/>

Method of payment: Visa Mastercard Check Purchase order# _____

Credit Card # _____

Credit card expiration date _____ Security Code _____

Credit card billing address + Zip code _____

Name on card & Signature _____