

# Membership Application

Please complete this form and fax to Chris Dornburg at (803) 255-2569. Thank you.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Company: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Assistant's Name: \_\_\_\_\_ Phone/Ext: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

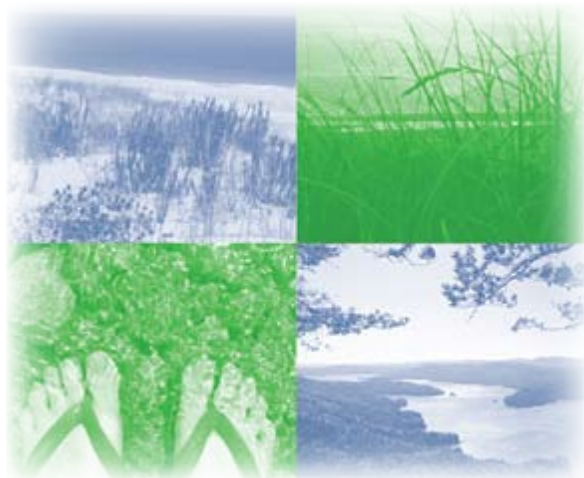
Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

## Membership Levels

	Type:	Amount:
<b>Non-profits</b>		
<input type="checkbox"/>	Budget under \$1M	\$1,000.00
<input type="checkbox"/>	Budget between \$1M - \$3M	\$5,000.00
<input type="checkbox"/>	Budget over \$3M	\$10,000.00

<b>For Profits</b>		
<input type="checkbox"/>	1-25 FTE's	\$500.00
<input type="checkbox"/>	25-50 FTE's	\$1,000.00
<input type="checkbox"/>	51+ FTE's	\$5,000.00

*FTE's = Full Time Equivalents*



**Payment Amount** \$ \_\_\_\_\_

Check Enclosed       Bill Me

Credit Card

Visa       MC       AMEX       Discover

Account #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Verification #: \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Please complete and back fax to Chris Dornburg at (803) 255-2569. Thank you.