

Membership Agreement

COMPANY NAME: _____

Physical Address: _____

P.O. Box _____ Date Est. _____

City _____ State _____ Zip _____

Phone () _____ FAX () _____

web address: www. _____

Main Contact: _____

Title _____

Address: _____

City _____ State _____ Zip _____

Phone () _____ FAX () _____

email _____

_____ Yes! Send me the *Update* electronically.

Billing Representative: _____

Address _____

City _____ State _____ Zip _____

Phone () _____ FAX () _____

email _____

_____ Yes! Send me the *Update* electronically.

Additional Representative: _____

Title: _____

Address: _____

City _____ State _____ Zip _____

Phone () _____ FAX () _____

email _____

_____ Yes! Send me the *Update* electronically.

Signature _____

Date _____

Business Classification(s) _____

For Office use Only:

Date Received: _____ New Member Packet Sent: _____

MEMBERSHIP INVESTMENT SCHEDULE

1. Determine your base rate:

All businesses	\$205+employee count
Non-profit organizations (schools, local gov't entities, etc.)	\$120+employee count
Individual (retired, employee/contractor of a member)	\$95
Charitable organizations	\$120

2. Determine investment

Most businesses / Non-profit organizations

add: \$0 for the first 5 employees**
 \$10 for each of the next 15 employees**
 \$5 for each of the next 80 employees**
 \$1 for each of remaining employees**

**Defined as any person working over 30 hours per week, or two part-time employees.

Financial Institutions: add \$25 per \$1 million in local deposits

Medical facilities/Hospitals: add \$2 per bed

Restaurants/Clubs: add \$5 per employee over 5 employees

Utilities: add .20¢ per customer

Hotels/Motels: add \$2 per room

MEMBERSHIP INVESTMENT:

1. Base Rate \$ _____

2. Investment + \$ _____

Annual Investment = \$ _____

No. full-time employees _____

No. part-time employees _____

Payments to be paid:

___ Annually

___ Semi-annually

___ Quarterly

___ Monthly automatic bank draft

(Requires Authorization Agreement)

Portion of

Annual Investment \$ _____

Administrative Fee + \$25

One-time only

Total

Check enclosed _____ Please bill me _____

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