

## Membership Application Form

Name of Organization \_\_\_\_\_

Primary Contact \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Extension \_\_\_\_\_ Fax \_\_\_\_\_

Website Address \_\_\_\_\_

### Billing Contact *(if not the same as above)*

Mr./Ms./Dr. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

### Membership Tier (please select one):

- Associate (\$250)                       Contributor (\$500)                       Partner (\$1,000)  
 Executive (\$2,500)                       Community Leader (\$5,000)

Number of Employees Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

### Names and emails of employees who would like to receive event notices:

Name:	Email:
_____	_____
_____	_____
_____	_____
_____	_____

### Please indicate which professional development groups you are interested in:

- Manufacturing Roundtable                       Tech Alliance                       Women's Network  
 Marketing Network: *Name of Marketing Professional* \_\_\_\_\_  
 Human Resource Roundtable: *Name of Human Resource Professional* \_\_\_\_\_

### Payment Method *(Please make checks payable to Prospera Business Network)*

- Payment enclosed \$ \_\_\_\_\_                       Pay by credit card

### Payment Preference

- Bill annually                       Bill semi-annually                       Bill quarterly

Name of Credit Card Holder \_\_\_\_\_

Address of Card Holder \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card Holder Signature \_\_\_\_\_

Signature of Primary Contact \_\_\_\_\_ Date \_\_\_\_\_