

# Membership Form

Advocacy | Support | Education

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

## MEMBERSHIP LEVEL

- ☐ Individual Member | \$50
- ☐ Organizational Member | \$300
- ☐ Discounted Individual Member | \$25  
(Students, retirees, military, persons with lived experience or financial hardship)

## INDIVIDUAL MEMBER CONTACT INFORMATION:

First Name:  Last Name:  Credentials:

Title:  Org/Comp:

Address:  City:

Zip:  Phone:  E-Mail:

## ORGANIZATIONAL MEMBER CONTACT INFORMATION:

Organization Name:

(Main Contact) First Name:  Last Name:  Credentials:

Title:  Website:

Address:  City:

Zip:  Phone:  E-Mail:

(2nd Contact) First Name:  Last Name:  Credentials:

Title:  Phone:  E-Mail:

(3rd Contact) First Name:  Last Name:  Credentials:

Title:  Phone:  E-Mail:

Other Notes: