



2007-08

Organization Membership Form

Mail forms to:

PO Box 28063
Raleigh NC 27611-8063

Fax forms to:

919/839-6002

Membership Dues:

<u>Budget Size</u>	<u>Amount</u>
<input type="checkbox"/> \$0 - \$50,000	\$50
<input type="checkbox"/> \$50,000 - \$100,000	\$100
<input type="checkbox"/> \$100,000 - \$200,000	\$200
<input type="checkbox"/> \$200,000 - \$300,000	\$250
<input type="checkbox"/> \$300,000 - \$500,000	\$300
<input type="checkbox"/> \$500,000 - \$1,000,000	\$500
<input type="checkbox"/> \$1,000,000 - \$2,000,000	\$1,000
<input type="checkbox"/> \$2,000,000 - \$5,000,000	\$1,250
<input type="checkbox"/> \$5,000,000 +	\$1,500

Organization _____

Executive Director (or top officer) _____

Advocacy Contact (if different) _____

Address _____

City _____ State _____ ZIP _____

County _____ Work Phone _____ Cell Phone _____

E-mail Address _____

Web Site Address _____

Membership Amount: \$ _____

Payment Methods:

- Check
- American Express
- MasterCard
- Visa
- Invoice me

For Credit Card Payments:

Acct # _____ Exp _____

Billing Address _____

(if different) _____

Signature _____