



New Membership Deposit: \$330 per member Membership Dues: \$165/month Associate Dues: \$40/month

Date: _____

Individual Membership Section

Name: _____

Mailing Address: _____

City, State: _____ Zip: _____

Email Address: _____

Bus. Phone: _____ Cell Phone: _____

PLEASE SELECT HOW YOU WOULD LIKE TO RECEIVE MONTHLY INVOICES:

Email To Address: _____

Postal Mail

Associate Name: _____

Company Membership Section

Company Name: _____

Primary User Name: _____

Mailing Address: _____

City, State: _____ Zip: _____

Email Address: _____

Bus. Phone: _____ Cell Phone: _____

PLEASE SELECT HOW YOU WOULD LIKE TO RECEIVE MONTHLY INVOICES:

Email To Address: _____

Postal Mail

Additional Member: _____

Additional Member: _____

Company Associate (One per member): _____

Company Associate: _____

Company Associate: _____

I have read the Rules and Regulation and hereby pledge to uphold them: _____