



2010-11  
**Organization  
 Membership Form**

**Mail forms to:**

108 S Blount St  
 Raleigh NC 27601

**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
- Discover
- MasterCard
- Visa
- Invoice me

**For Credit Card Payments:**

Acct #	Exp
Billing Address	
(if different)	
Signature	