

Member Application



Member Name _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____

E-mail _____

Website _____

Main Interest in Tech Council _____

What you expect from the Tech Council _____

To what other organizations do you belong? _____

Category of Membership:

Individual/Small Business	1 – 5 employees	\$100	_____
Medium Business	6 – 10 employees	\$200	_____
Large Business	11 + employees	\$300	_____
Educational, Non-Profit and Government Organizations		-25%	_____

Check No. _____ *Amount* _____ *Date* _____

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