



## Membership Application Form

Name \_\_\_\_\_

Business/organization (if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Website Address \_\_\_\_\_

Billing Contact (if not the same as above)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

### Membership Tier (please select one):

- Individual Partner (\$50-\$99)  Business Partner (\$100-\$499)  Sustaining Partner (\$1,500-\$3,000)  
 Non-profit Partner (\$50 +)  Supporting Partner (\$500-\$1,499)  Community Leader (\$3,000 +)

**Number of Employees** Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

### Names and emails of employees who would like to receive event notices:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Please indicate which professional development groups you are interested in:

- Business Roundtables  Business Planning Workshops  
 Other \_\_\_\_\_

### Payment Method *(Please make checks payable to JLDC)*

Payment enclosed \$ \_\_\_\_\_

### Payment Preference

- Bill annually  Bill semi-annually  Bill quarterly