

MEMBERSHIP APPLICATION

Complete Application Online

Name:		Title:	
Organization:			
Address	s:		
City/Sta	ate/Zip:		
Phone:		Fax:	
E-mail:			
_			
Membership Type Check one. Note: membership dues billed annually in anniversary month.			
	Corporate Champion (\$6500/year)		Associate Partner (\$1750/year)
	Corporate Partner (\$3500/year)		Non-Profit Organization (\$1500/year)
	Municipal Partner/Native American		Individual Member (\$450/year)
	Communities (varies by population)		Non-Profit Individual (\$400/year)
	Education Partner (varies by enrollment count)		Emeritus Member (\$100/year)
Com	Mittees <i>I would like to join the following con</i> Advocacy & Government Relations Aviation & Aerospace Business/Education Economic Development	nmittees. Ple	Education Think Tank (open to education practitioners only) Transportation Board of Directors (invitation only)
Payment Information Payments accepted via check or credit card. CHECK Payable to: East Valley Partnership 535 W. Baseline Road, Suite 107, Mesa AZ 85210			
CREDIT CARD AMEX Discover MasterCard Visa (circle one)			
Name on Card:			
Card #: Exp:			Exp:
Thank you for your support of East Valley Partnership Tel: 480.834.8335 www.evp-az.org Federal Tax ID #86-0500306			