



Member Information

Member Name: _____

Organization: _____

Job Title: _____

E-mail Address: _____

Organization Address: _____

City: _____ State: _____ Zip Code: _____

Organization Phone: _____ Organization Fax: _____

Organization Website: _____

Member Mailing Address: *(if different from above)* _____

City: _____ State: _____ Zip Code: _____

Member Phone: _____ Member Fax: _____

Organization Information

Organization's Chief Executive/Senior Executive: _____

Type of Organization:

Religious Educational Cultural Community Professional/Trade Other: _____

Membership Fee Categories

Membership fees are based on a sliding scale dependent on an organization's expense budget for Ward 7 services.

Expense Budget for Ward 7 Services	Membership Fee
Less than \$100,000	<input type="checkbox"/> \$100
\$100,001 - \$500,000	<input type="checkbox"/> \$200
\$500,001 - \$1,000,000	<input type="checkbox"/> \$300
Over \$1,000,000	<input type="checkbox"/> \$500

Payment Information

Total Payment: _____

Method of Payment:

Cash Check payable to W7NPN Visa MasterCard American Express

Card Number: _____ Exp. Date: _____

Validation Code*: _____

Cardholder Name: _____

Signature: _____

* For Visa or MasterCard, the validation code is the last 3 numbers in the signature box. For American Express, the validation code is the 4 numbers above the credit card number.