Membership Application for Organizations and Individuals

Name:_____ Title:_____

Organization (if applicable):_____

Address:_____ City:_____ State:_____

Zip:_____

Phone: (___)_____ Fax: (___)_____

Email:_____

Membership Dues Structure

Membership Categories	Annual Dues
Individual	
• Adult	$50
• Student	$25
Government Agency	$200
Organization's Annual Operating Budget	
• Up to $100,000	$50
• $100,001 – $250,000	$75
• $250,001 - $500,000	$100
• $500,001 – $1,000,000	$150
• $1,000,001 – $3,000,000	$200
• $3,000,001 + above	$300

Payment Information

Please check the appropriate category for annual membership desired *(membership valid for one year from date of payment)* and indicate total amount enclosed:

Individual

__ Adult $_____

__ Student $_____

Organization Budget

__ Up to $100,000 $_____

__ $100,001-$500,000 $_____

__ $500,001-$1,000,000 $_____

__ $1,000,001-$3,000,000 $_____

__ $3,000,001 + above $_____

Total Payment Enclosed: $_____

Please mail completed application to: **Grow & Lead, P.O. Box 692, Marquette, MI 49855**
Phone: **(906)228-8919** Email: **info@growandleadup.org**

☐ Payment included! Check #_____ *(Check made payable to Grow & Lead.)*

☐ Please invoice my membership! Email to invoice: _____
(Invoices are payable by check, credit card, or bank transfer via QuickBooks.)