

WVJLUMATAC MEMBERSHIP APPLICATION

APPLICANT INFORMATION

| | | |
|---|---|---|
| Company/Organization Name: | | |
| Name: | Position: | Phone: |
| Business address: | | |
| City: | State: | ZIP Code: |
| Membership Type: <input type="checkbox"/> Individual | <input type="checkbox"/> Affiliate | <input type="checkbox"/> Regular |
| Year: | | |

COMPANY/ORGANIZATION INFORMATION

| | | |
|----------------------------|----------|----------|
| Company/Organization Type: | | |
| Manner of business: | | |
| Office Phone: | E-mail: | Fax: |
| Mobile Phone: | IM name: | Webpage: |

OTHER CONTACT INFORMATION

| | | |
|---|--------|-----------|
| Legal name of organization <i>(if different from above)</i> : | | |
| Assistant name/position: | | Phone: |
| City: | State: | ZIP Code: |

MEMBERSHIP TYPES

| | | |
|--------------------------------------|---|---|
| Individual - \$25.00 annually | Affiliate - \$50.00 annually | Regular - \$100.00 annually |
| 1 individual member attending | 1-6 members attending/alternating proxy | 1-6 members attending/alternating proxy |
| Non-voting membership | Non-voting membership | Voting eligibility |

ADDITIONAL CONTACTS FOR YOUR ORGANIZATION

| | |
|------|------|
| Name | Name |
| Name | Name |

WV JLUMATAC Annual Dues Payment

YEAR: _____

Please check one: Individual - \$25.00 Affiliate - \$50.00 Regular - \$100.00

Name: _____

Organization: _____

Address: _____

Email: _____

Phone: _____

Date of payment: _____

Check #: _____

Do you require a receipt? YES NO EMAIL receipt

Email receipts will be sent to the email supplied.