
PASSEDA MEMBERSHIP APPLICATION

Name:

Title:

Organization/Company:

Division:

Email:

Address 1:

Address 2:

City:

State:

Zip:

Phone:

Alternate Phone:

Cell:

Permission to Text

Membership Level:

- | | | | |
|--------------------------|----------------------------------|----------|-------------------------------|
| <input type="checkbox"/> | Individual | \$ 250 | <i>Sample Member Benefits</i> |
| <input type="checkbox"/> | Small Business (< 250 Employees) | \$ 500 | <i>Sample Member Benefits</i> |
| <input type="checkbox"/> | Public Agency/Non-Profit | \$ 1,000 | <i>Sample Member Benefits</i> |
| <input type="checkbox"/> | Large Business (>250 Employees) | \$ 2,500 | <i>Sample Member Benefits</i> |
| <input type="checkbox"/> | Developer/Utility | \$ 5,000 | <i>Sample Member Benefits</i> |

Payment

Credit Card Number:

Expiration (MM/YY):

CVV:

Name on Card:

Billing Address (if different from above):

- | | | | |
|--------------------------|--------|--------------------------|--|
| <input type="checkbox"/> | PayPal | <input type="checkbox"/> | P.O. (Please print this form and include with your purchase order. We will issue an invoice upon receipt.) |
|--------------------------|--------|--------------------------|--|

Additional Information

Why do you want to join PassEDA?

Do you favor economic development in the Pass?

What is the most important economic development issue in the Pass?

What services/events can the PassEDA do for you?

If a company, do you plan on growing this year?

Comments: