## Membership Application for Organizations and Individuals



Name: Title:				
Organization (if applicable):			<del></del>	
Address:	City:	State:	_ Zip:	
Phone: ( ) Fax	c: <u>(</u> )	Email:		
Membership Dues Structure		Payment Info	Payment Information	
Membership Categories And Individual	\$50 \$25 \$200 \$300	Please check the appropria annual membership desired for one year from date of pay total amount enclosed:  Individual AdultStudent	d (membership valid	
<ul> <li>Up to \$100,000</li> <li>\$100,001 - \$250,000</li> <li>\$250,001 - \$500,000</li> <li>\$500,001 - \$1,000,000</li> <li>\$1,000,001 - \$3,000,000</li> <li>\$3,000,001 + above</li> </ul>	\$50 \$75 \$100 \$150 \$200 \$300	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:	\$ \$ \$ \$ \$	
		y credit card or check payable to Gi nent, P.O. Box 692, Marquette, MI 4 ; www.glcyd.org		
Credit Card: Visa / Mastercard Account # Expiration				
Cardholder Signature:	Saire n	EXPIRATION		

Thank you. We will send you a receipt and membership letter.