



New Member Application

Date: _____

Applicant's Name:		
Company or Organization:		
Address:		
City:	State:	Zip:
Phone #s: Work	:	C: Email:
Home Address:		
City:	State:	Zip:
Select Partnership Type: <input type="checkbox"/> Private Business <input type="checkbox"/> Public/Government <input type="checkbox"/> Nonprofit <input type="checkbox"/> Business Organization/Chamber <input type="checkbox"/> Education <input type="checkbox"/> Labor & Advocacy Group <input type="checkbox"/> Individual	MEF's Board Committees: <input type="checkbox"/> Executive <input type="checkbox"/> Governance <input type="checkbox"/> Nominating <input type="checkbox"/> Finance <input type="checkbox"/> Fundraising <input type="checkbox"/> Events	MEF's Working Groups: <input type="checkbox"/> Agriculture <input type="checkbox"/> Small Business and Entrepreneurship <input type="checkbox"/> Equity in Employment <input type="checkbox"/> Workforce Development <input type="checkbox"/> Real Estate, Construction, and Infrastructure
Individual/Sm. Business: \$2500 Mid-Size Company: \$5,000 Major Company; \$10,000		
Please indicate 2-year Annual Sponsorship Amount: _____		
Most senior member of your company/organization:		
Title:		
Telephone:	Email:	
Telephone:	Email:	
Principal point of contact for MEF matters: <input type="checkbox"/> Same as above		
Name:		
Title:		
Administrative Assistant:		
Telephone:	Email:	
Committee and Working Group Participation: Please choose a committee or working group on which you would like to serve.		
Committee or Working Group:		
Please provide your interest in this group and why you've chosen it.		
		Email: