2010 Membership Investment Application

Paid Membership for January - December 2010

_____ $5000 Cornerstone Member
_____ $2500 Legacy Member
_____ $1000 Sustaining Member
_____ $500 Supporting Member
_____ $300 Basic Member
_____$100 Individual Member (non-organization)

_____$200 NEW MEMBER (first year only)

Name of Organization: _____

Membership Contact Name: _____ ***Title:*** _____

Address:_____

City, State, Zip: _____

Phone: _____ ***FAX***: _____

Email: _____
please make sure that your computer browser will allow email from the Council: ***tcalmc@gmail.com***

Web page address: _____
(Address will be added to Twin City Area Labor Management Council web page linking to your organization.)

Affiliation: ☐ Management ☐ Labor ☐ Other *(please specify)* _____

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For membership level $300 and above, please ADD the following people to update the TCALMC database. Please include address (if different from above).

Name: _____ *Title:* _____
*Address:*_____ *Email:* _____

Name: _____ *Title:* _____
*Address:*_____ *Email:* _____

Name: _____ *Title:* _____
*Address:*_____ *Email:* _____

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PAYMENT METHOD
☐ Check enclosed
☐ Credit Card *(all informaton below must be compteted)*

2829 University Avenue, Suite #100
Minneapolis, Minnesota 55414
(612)676-3725 ▪ Fax (612)676-3748
Email: tcalmc@gmail.com

CREDIT CARD PAYMENT *(3% service fee will be charged)*

Name *(as it appears on card)*:_____ Credit Card Type *(Visa, MasterCard, etc.)*:_____

Card #:_____ Expiration *(Month/Year)*:_____ Security Code:_____

Billing Address *(if different from above)*:_____

Thank you for your support!