



Membership Investment Application

Paid Membership for January - December

- | | |
|--|--|
| <p>_____ \$5000 Cornerstone Member</p> <p>_____ \$2500 Legacy Member</p> <p>_____ \$1000 Sustaining Member</p> | <p>_____ \$500 Supporting Member</p> <p>_____ \$300 Basic Member</p> <p>_____ \$100 Individual Member (non-organization)</p> <p>_____ \$200 New Member (first year only)</p> |
|--|--|

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 Please list the unions that represent your employees: _____

Labor Please list the organizations in which you represent your members: _____

Other (please specify) _____

**For membership level \$200 and above, please ADD the following people to update the TCALMC database.
 Please include address (if different from above). If necessary, attach a separate sheet.**

Name: _____ Title: _____

Address: _____ Email: _____

Name: _____ Title: _____

Address: _____ Email: _____



PAYMENT METHOD

Check enclosed

Credit Card *(all informaton below must be completed)*

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

CREDIT CARD PAYMENT *(3% agency fee (\$5.00 minimum) will be added)* **ALL INFORMATION MUST BE PROVIDED**

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

Card #: _____ Expiration (mm/year): _____ CVV#: _____

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

Email: _____ Phone: _____

Thank you for your support!