



MEMBERSHIP APPLICATION

Referred by: _____

Date: _____

INFORMATION:

Name: _____

Organization: _____

If Applicable: # of Employees _____ or Population (City/County) _____

Mailing Address: _____

Physical Address: _____

City: _____ State: **CO** Zip: _____ County: _____

Contact Telephone Number: _____ Mobile Phone: _____ Fax Number: _____

E mail: _____ Website (n/a for individual memberships): _____

Facebook: _____ Twitter: _____ Other: _____

Additional People Who Should Receive Newsletters/Updates:

NAME _____ E MAIL _____

NAME _____ E MAIL _____

NAME _____ E MAIL _____

I WOULD LIKE TO BE INVOLVED IN THE FOLLOWING ISSUE DISCUSSIONS:

BUSINESS & LABOR	AG, WATER, NATURAL RESOURCES
TRANSPORTATION	EDUCATION
ENERGY	HEALTH & HUMAN SERVICES

MEMBERSHIP TYPE:

\$125 Individual	\$225 Schools	\$225 Business (1-10 employees)	\$375 Business (11-50 employees)
\$525 Business (51-100)	\$1250 Business (101-200)	\$2500 Business (200+)	Cities: .06 cents per capita
Counties: .10 cents per capita counties		½ price subscription to Colorado Politics	\$89
Chairman's Circle	\$5000	# of Discount Cards to USAirport Parking	

Chairman's Circle: \$5000 Sponsorship of all events of Pro 15 • Logo and Link on website • Twice a year meeting with Board of Directors to discuss current legislation/issues • Listed on website as member of Chairman's Circle

AMOUNT ENCLOSED: \$ _____ Make Check payable to PRO 15 and send check and application to: 629 Warner Street, Fort Morgan, CO 80701

CREDIT CARD: \$ _____ Name on Card: _____ Card # _____

CVC _____ Exp _____ Zip Code for Billing _____ or call 970.867.9167 w/credit card number