



Membership Application Form

Name _____

Business/organization (if applicable) _____

Mailing Address _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ If text ok provide cell # _____

Website Address _____

Billing Contact (if not the same as above)

First Name _____ Last Name _____

Membership Tier (please select one):

- Individual Partner (\$50-\$99) Business Partner (\$100-\$499) Silver Partner (\$1,500-\$3,000)
 Non-profit Partner (\$50 +) Community Partner (\$500-\$1,499) Gold Partner (\$3,000 +)

Number of Employees Full-time: _____ Part-time: _____

Names and emails of employees who would like to receive event notices:

Name:	Email:
_____	_____
_____	_____

Please indicate which professional development groups you are interested in:

- Business Roundtables Business Planning Workshops
 Other _____

Payment Method *(Please make checks payable to JLDC and mail to P.O. Box 1079, Whitehall, MT 59759 or request other arrangements below)*

- Payment enclosed Mail Invoice Email Invoice and pay online

