



APPLICATION FOR MEMBERSHIP

NAME OF ORGANIZATION: _____

MAIN CONTACT: _____ TITLE: _____

ORGANIZATION ADDRESS: _____

PHONE _____ FAX: _____

EMAIL: _____

Please list up to 3 other contacts: Name – Phone - Email:

_____	_____	_____
_____	_____	_____
_____	_____	_____

YOUR ORGANIZATIONS TAX STATUS: _____

(Example - If a business – Corporation, Partnership, LLC, etc.)

If an organization – non-profit 501-C-?, association, etc)

CATEGORY OF MEMBERSHIP

_____ ORGANIZATION (other than a 501-C-3)

Members

_____	0 – 25	\$ 250.00
_____	26 – 100	\$ 500.00
_____	101+	\$1,000.00

_____ CONTRIBUTING MEMBER (501-C-3 organization only)

_____ \$100

_____ INDIVIDUAL MEMBER

_____ \$100

_____ BUSINESS

Employees

_____	0 – 25	\$ 250.00
_____	26 – 100	\$ 500.00
_____	101 - 250	\$1,000.00
_____	251 – 500	\$1,750.00
_____	501 - 749	\$2,500.00
_____	750 +	\$5,000.00

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