



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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