



Membership Application Form 2012

Please print or type all information legibly.

Name _____ Title _____ Date _____

Business/Organization _____

Billing Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Membership Fee

Corporate
<ul style="list-style-type: none"> • \$125 (up to two members) • Additional members - \$50 per person • Includes registration to regular meetings

Individual
<ul style="list-style-type: none"> • \$75 • Includes registration to regular meetings

Membership fee is non-refundable and cannot be pro-rated.

Please list additional member(s) if joining under corporate membership.

Name _____ Title _____

Phone _____ Email _____

Name _____ Title _____

Phone _____ Email _____

Name _____ Title _____

Phone _____ Email _____

Payment Information

- Individual Membership(s) @ \$75 each = _____
- Corporate Membership (2 people) = \$125
- Additional Corporate Members @ \$50 each = _____
- Grand Total Fee \$** _____

Bill me P.O. # _____ My check is enclosed (*Please make checks payable to Inspire Greater Enid.*)

Return this application and payment to:

Inspire Greater Enid
4125 W. Garriott PO Box 90
Enid, OK 73702