

Corporate / Institutional Membership Application



Corporation/Institution Name: _____
Organization Mailing Address: _____ **Apt/Suite #:** _____
City: _____ **State:** _____ **Postal Code:** _____ **Country:** _____
Organization Primary Phone: _____ **Ext:** _____ **Fax:** _____
Secondary Phone: _____ **Website:** _____
Organization Primary Contact **First Name:** _____ **Last Name:** _____
Email: _____

Organization Membership Benefits:

- Discounted Resource Hall Booth Space and Table fees
- Additional booth or table preference point
- Organization's 'Live Link' logo on the NCECA website Partner Links page
- Member Event Posting
- Hotel block advance notice
- 20% discount on NCECA merchandise and publication
- Access to web-based Member Directory
- Individual Standard Membership benefits for primary contact
- Complimentary Annual NCECA Journal



Corporate Membership..... \$500

Receives all Organization benefits plus:

- Two (2) complimentary linked logo placements annually in the NCECA monthly e-news



Institutional Membership..... \$250

Receives all Organization benefits plus:

- One (1) complimentary linked logo placement annually in the NCECA monthly e-news

** Excludes print-to-order publications purchased through on-line vendors. Learn more at www.nceca.net.*

Select Membership Choice: Corporate Institutional **TOTAL PAYMENT:** _____

PAYMENT METHOD: (Select One)

Credit Card: _____ #: _____ - _____ - _____

EXPIRATION DATE: ____/____/____ (Please Print name as it appears on Card): _____

Authorized Signature _____

Billing Address: _____ City _____ State _____ Zip _____

Money Order _____ *Money Orders must be in U.S. dollars.*

Check # _____ *(Checks payable to nceca must be drawn on a US bank.)*

(Returned checks will incur a \$25 processing fee.)

Mail or email completed form with payment to:

NCECA Membership
 77 Erie Village Sq., Suite #280 303-828-2811
 Erie, CO 80516-0777

office@nceca.net

Website: www.nceca.net