



I-49 INTERNATIONAL COALITION
MEMBERSHIP APPLICATION

LAST NAME _____ FIRST NAME _____ MI _____

COMPANY/ORGANIZATION _____ # OF EMPLOYEES _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE () _____ FAX () _____ CELL () _____

EMAIL ADDRESS _____

TYPE OF MEMBERSHIP: _____ COMPANY _____ INDIVIDUAL DATE: ___/___/___

MEMBERSHIP INVESTMENT SCHEDULE

INDIVIDUAL: \$50 PER YEAR

BUSINESS: 1-3 EMPLOYEES, \$100

4-10 EMPLOYEES, \$250

(for Associations, substitute # members for # employees)

11-25 EMPLOYEES, \$500

26-50 EMPLOYEES, \$750

Over 50 EMPLOYEES, \$1,000

Over 100 EMPLOYEES, \$1,250

Over 500 EMPLOYEES, \$1,500

OTHER INVESTMENT LEVELS: PILLAR \$2,500; PARTNER \$5,000; CHAMPION \$10,000

REMIT TO: Bill Beam, Treasurer 812C DeQueen Street, Suite G Mena, AR 71953

WHAT IS YOUR U.S. CONGRESSIONAL DISTRICT # ? _____ YOUR STATE _____

NAME OF YOUR CONGRESSIONAL REPRESENTATIVE: _____

NAME OF YOUR U.S. SENATORS: _____ and _____

YOUR STATE REPRESENTATIVE: _____ STATE SENATOR: _____

NAMES OF SENATORS OR REPRESENTATIVES THAT YOU KNOW PERSONALLY, AND HAVE A PROFESSIONAL OR PERSONAL WORKING RELATIONSHIP: _____

YOUR AREA OF EXPERTISE THAT WOULD BE USEFUL TO THE COALITION: _____