



200 N. Keene Street, Suite 101

Columbia, MO 65201

Phone: 573-817-8310 Ext/ 310 Fax: 1-877-788-5679

MEMBERSHIP APPLICATION/INVOICE

Individual/Organization Name:			
Executive Officer:			
Address:			
City, State, Zip:			
Phone Number:			
Fax Number:			
Website:			
Email Address:			
Member Contact Name/Title:			
Member Contact Phone:		# of full time employees:	

Mark the Appropriate Box for your choice of Membership Level:

<input type="checkbox"/>	Individual Membership	Annual Dues \$250
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Organizational Size (Number of Employees)*	Annual Membership Dues
<input type="checkbox"/> 1-50	\$250
<input type="checkbox"/> 51-75	\$500
<input type="checkbox"/> 76-99	\$750
<input type="checkbox"/> 100-199	\$1,200
<input type="checkbox"/> 200-499	\$2,000
<input type="checkbox"/> 500+	\$3,000

Premium Membership	Annual Membership Dues
<input type="checkbox"/> Stakeholder	\$3,500+
<input type="checkbox"/> Supporter	\$5000+
<input type="checkbox"/> Collaborator	\$10,000+
<input type="checkbox"/> Facilitator	\$20,000+
<input type="checkbox"/> Leader	\$35,000+
<input type="checkbox"/> Visionary	\$50,000+
<input type="checkbox"/> Partner	\$75,000+

Method of Payment:	<input type="checkbox"/> Visa	<input type="checkbox"/> MC	<input type="checkbox"/> American Express	<input type="checkbox"/> Check
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If mailing form, please enclose a check. If wanting to pay with Credit Card, please either call the EiMF Office at: 573-817-8310 ext. 310

OR call/email contact.us@excellenceinmo.org to be invoiced. Thank you!