



**Voice on the Net Coalition**

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VON COALITION, INC.

# Membership Registration Form

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## ORGANIZATION INFORMATION

**Name of Organization:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/Province:** \_\_\_\_\_

**Country:** \_\_\_\_\_ **Zip/Postal Code:** \_\_\_\_\_

**Website Address:** \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_ **Title:** \_\_\_\_\_

(Person who can vote and will receive correspondence on behalf of the organization)

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/Province:** \_\_\_\_\_

**Country:** \_\_\_\_\_ **Zip/Postal Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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## MEMBERSHIP FEES\* (Please check appropriate box)

- \$10,000 for companies with annual sales less than \$500 million.**
- \$15,000 for companies with annual sales of \$500 million to \$1 billion.**
- \$25,000 for companies with annual sales of more than \$1 billion.**

\*The fees above apply for 12-months from the date of registration and carry full voting rights. Membership is also available at 50% of the fees above for companies that do not want voting rights or the opportunity to serve as officers or directors of the VON Coalition.

This reduced fee is available only to new members for the first year of membership.

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## PAYMENT TERMS (Please make checks or purchase orders payable to VON Coalition, Inc.)

- I am attaching a check for \$** \_\_\_\_\_
- I am providing a Purchase Order (P.O. number** \_\_\_\_\_ **).** **Please invoice me.**

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