MEMBERSHIP FORM



<u>Individual Informatio</u>	<u>n:</u>		
Name:			
Address:			
Business Information	<u>:</u>		
Business Name:			
Contact Person:			
Address:			
Membership Type (Se	elect One):		
☐ Individual Member☐ Business Member	•••		
Membership Level (fo	or Businesses):		
☐ Bronze: \$100	☐ Silver: \$200	☐ Gold: \$300	☐ Platinum: \$400 +
			Amount:
	Make che	ecks payable to:	
	Durand Imp PC	orovement Group D Box 156 Id, WI 54736	
Are you interested in affiliate sub-committe		ating in Durand Improv □ No	ement Group or any of its
Questions regarding r	membership? Contact Va	al at (715) 495-6791	

