



Membership Application

Business Name:	Contact:
Mailing Address:	City, State, & Zip:
Phone:	E-mail Address:
Business Website:	

Membership Type:

- | | | |
|--|---|--|
| <input type="checkbox"/> Bronze (\$50.00) | <input type="checkbox"/> Silver (\$100.00) | <input type="checkbox"/> Gold (\$150.00) |
| <input type="checkbox"/> Platinum (\$200.00) | <input type="checkbox"/> Premier Partner (\$500.00) | |

The term of this membership will be a period of one (1) year. You will receive notification approximately one (1) month prior to the expiration of this term.

- I do not wish to be a member but would like to be a contributing partner in the amount of \$_____.
- I would like to be involved/volunteer in Excel Wellston events.

Thank you for partnering with Excel Wellston to promote travel and economic development for our area! We look forward to working with you.

Signature/Title _____
Date

For office use only:

Approving Board Member Signature/Title

Filed: _____ Receipt Sent: _____