



MEMBERSHIP FORM / RENEWAL FORM

Member Information

Name _____

Business Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____

E-Mail _____

Website _____

Select Your Annual Membership Level

| | |
|------------------|--------|
| <i>Partner</i> | \$5000 |
| <i>Platinum</i> | \$2000 |
| <i>Gold</i> | \$1000 |
| <i>Silver</i> | \$500 |
| <i>Copper</i> | \$250 |
| <i>Associate</i> | \$100 |

Payment Details:

Please make your check payable to SAEDG and mail it to the following address:

SAEDG
168 East 4th Street
Benson, AZ 85602