



Council for  
Corporate  
Responsibility

**Yes! Please make my organization a member today!**

Name:		
Job Title:		
Organization:		
Address (including suite. or unit no.):		
City:	State:	ZIP:
Work Phone:	Home Phone:	Mobile Phone:
Email Address:		
Please contact me about involvement in the following (check all that apply):		
<input type="checkbox"/> Activities & Events <input type="checkbox"/> Corporate Sponsorships <input type="checkbox"/> Education <input type="checkbox"/> Newsletter <input type="checkbox"/> Web Site <input type="checkbox"/> CR Summit		

Please mark your requested membership option:

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Council Associate:</b> \$1,200 | <input type="checkbox"/> <b>Council Partnership:</b> \$3,500 |
| <input type="checkbox"/> <b>Council Advocate:</b> \$2,500  | <input type="checkbox"/> <b>Council Steward:</b> \$5,500     |

*All corporate memberships require a 2-year financial commitment*

I/we will be paying by:

- Check**     
  **Visa**     
  **MasterCard**     
  **American Express**     
  **Discover**

*If paying by credit card, please provide:*

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name as it Appears on the Credit Card \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Signature \_\_\_\_\_

\* \* \* \* \*

Office use only: \_\_\_\_\_ Credit card and ID have been verified