



LOUISIANA *diversity* COUNCIL

Member of the National Diversity Council

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"/> Platinum: \$1,600 for Profit; \$800 Non-Profit | <input type="checkbox"/> Gold: \$1,200 |
| <input type="checkbox"/> Silver: \$1,000 | <input type="checkbox"/> Bronze: \$800 |
| <input type="checkbox"/> Non-Profit: \$500 | <input type="checkbox"/> Individual Membership |

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