



MEMBERSHIP APPLICATION
(or join online at www.ThinkPlexus.org)

Mr. Ms. Mrs. Other _____

NAME

BUSINESS / ORGANIZATION

TITLE

ADDRESS

ADDITIONAL ADDRESS APT/SUITE

CITY STATE ZIP

DAYTIME PHONE EXT.

EVENING PHONE

FAX

CELL

EMAIL

WEB SITE

TYPE OF BUSINESS

HOW DID YOU HEAR ABOUT US?

Office use: ID# _____ Date received: _____

Communication Preferences

You will be assigned a login name and can add, update, or change your information online via the web site below.

No information will be shared with third-parties.

- Do not include my listing in the online directory.
- Do not send me emails at the above address.
- Check here if the above is a home address.
- My business would like to sponsor Plexus.
- I would like to advertise with Plexus.
- I would like to volunteer with Plexus.

Membership Type[†]

		New	Renewal
Business / Non-profit	\$250		
Individual / Professional	\$125		
Student	\$60		
Retired	\$60		
Additional Contribution [†]		\$_____	

Method of Payment

- Check or Money Order (payable to Plexus)
- Visa
- Mastercard
- Discover
- AmEx

CARD NUMBER

EXPIRATION DATE CCV

NAME AS IT APPEARS ON THE CARD

SIGNATURE

[†] Contributions and dues are not tax deductible as charitable contributions under Internal Revenue Code ("Code") section 170. However, contributions and dues may be deductible as trade or business expenses under Code section 162. Please consult your tax advisor as to the deductibility of contributions and dues.

Send completed application and payment to:

Plexus
PO Box 91697
Cleveland, OH 44101-3697
www.ThinkPlexus.org
888-PLEXUS9 (753-9879) voice/fax