

Dialogue on Diversity Membership Application Form

Name: _____ **Date :** _____

Type of Application: *(Select one)*

Corporate			Individual		
Benefactor	\$10,000	<input type="checkbox"/>	Advocate	\$750	<input type="checkbox"/>
Patron Platinum	\$5,000	<input type="checkbox"/>	Associate	\$250	<input type="checkbox"/>
Patron Gold	\$2,500	<input type="checkbox"/>	Entrepreneur	\$150	<input type="checkbox"/>
Patron Silver	\$1,000	<input type="checkbox"/>	Student	\$15	<input type="checkbox"/>
Sponsor	\$500	<input type="checkbox"/>	Senior	\$10	<input type="checkbox"/>
Non-Profit	\$250	<input type="checkbox"/>			

This a new membership *(check here)* or a membership renewal *(check here)*

Contact Information:

Name: _____
 Title: _____
 Company: _____
 Email: _____
 URL: _____

Send Dialogue mailings to:

Name: _____
 Title: _____
 Company: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____

Make checks payable to "Dialogue on Diversity"

Mail to address:
 Dialogue on Diversity
 1629 K Street, N.W., Suite 300
 Washington, D.C. 20006

Website: www.dialogueondiversity.org
 Telephone: 703-631-0650 Fax: 703-631-0617

For more information, send email to <dialog.div@prodigy.net>