



ALF OREGON CORPORATE MEMBERSHIP FORM

Company Name: _____

Address: _____

City/State/Zip: _____

Contact Person: _____ **Title:** _____

Phone: _____ **Email:** _____

Company Website URL: _____ **Number of employees:** _____

Do you wish to reserve a space in the next ALF Fellows program for a member of your executive staff?

Yes No Unsure – please contact me later

If yes, please indicate the program year: (e.g. 2013-2014) _____

Annual Membership Fee:
\$5,000 (for profit business)
\$1,000 (non-profit organization or institution)

Payment Type:

CHECK (make out to "ALF of Oregon")

CREDIT CARD:

Visa MasterCard Amex # _____ Exp Date: _____

Name/billing address on credit card account:

Name: _____

Address: _____

INVOICE

Name/billing address where invoice should be sent:

Name: _____

Address: _____

Please return by mail, email or fax to address listed below.

ALF Oregon • P.O. Box 521 • Marylhurst, OR • 97036
Fax # 503/636-2293 • email: info@alfo.org

Thank you!