



APPLICANT INFORMATION

Foundation: _____

Primary Contact: _____

Title: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Email: _____ Telephone: _____

Please contact me to share more about your sponsorship opportunities.

MEMBERSHIP LEVEL

Foundation Membership, \$2,500

Silver, \$25,000

Premium, \$5,000

Gold, \$50,000

Bronze, \$10,000

Platinum, \$75,000+

PAYMENT INFORMATION

Check enclosed (Payable to **Tides Center/NNCG**)

Credit card (Choose one)

Mastercard

Visa

Discover

American Express

Account Number: _____ Exp: _____

Name as it appears on card: _____

Signature: _____

SEND MEMBERSHIP FORM TO:

By mail: NNCG, PO Box 40272, Cleveland, OH 44140

By fax: 440-273-5325

By email: lori.jane@nncg.org