

Business Membership Application TN Association of Community Leadership

Business:		
Contact Name:		
Γitle:		
Address		
City		ZIP
Office Phone:	Cell:	
Email		
	usiness Membership	
Membership Investment:	\$	
Additional Support:	\$	
 Designate from below the area you 	u would like the extra contri	bution applied
use as needed		
scholarships (covers confer	ence registration and hotel for	programs with small budgets)
grant support (financial assi	istance to enhance and grow c	ommunity leadership programs)
annual conference (financia	al help for sponsoring commun	ities hosting TACL Conference)
honorarium/memorial (incl	ude name)	
TOTAL AMOUNT ENCLOSE	D Ś	
TOTAL ANNOUNT LINES OF	· · · · · · · · · · · · · · · · · · ·	
Check all that apply to your connection	n to your community's leade	ership program:
□ Program Graduate □ Board Membe	r □ Program Speaker □ Ot	:her:
_eadership Program:		
How did you hear about TACL?		
Make check payable to TACL and mail	to:	

Questions? Contact: Judy Renshaw, TACL Executive Director, TACLResources@gmail.com

c/o UT Martin/WestStar Leadership – 425 Holt Humanities Bldg. Martin, TN 38238