



## Membership Application

### Individual Member

#### TN Association of Community Leadership

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Business/Organization/University \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email \_\_\_\_\_

☐ \$ 50—Individual Membership

**Membership Investment:** \$ \_\_\_\_\_

**Additional Support:** \$ \_\_\_\_\_

- Designate from below, area you would like the extra contribution applied  
\_\_\_\_\_ use as needed  
\_\_\_\_\_ scholarships (covers conference registration and hotel for programs with small budgets)  
\_\_\_\_\_ program funding (financial assistance to enhance and grow community leadership programs)  
\_\_\_\_\_ annual conference (financial help for sponsoring communities hosting TACL Conference)  
\_\_\_\_\_ honorarium/memorial (include name) \_\_\_\_\_

**TOTAL AMOUNT PAID** \$ \_\_\_\_\_ ( ☐ check ☐ PayPal )

Are you involved with your local community leadership program: ☐ Yes ☐ No ☐ Interested

If Yes, Program: \_\_\_\_\_

Check all that apply: ☐ Sponsor ☐ Facilitator ☐ Speaker ☐ Board Member

☐ Other \_\_\_\_\_

**Make check payable to TACL and mail to:**

Virginia Grimes, TACL Treasurer  
c/o UT Martin/ WestStar Leadership – 425 Holt Humanities Building,  
Martin, TN 38238

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