Business Membership Application

TN Association of Community Leadership

Business: _____

Contact Name: _____

Title: _____

Address_____

City_____ State_____ ZIP_____

Office Phone: _____ Cell:_____

Email_____

□ $250—Business Membership

Membership Investment: $_____ **Additional Support: $_____**

• Designate from below the area you would like the extra contribution applied

_____use as needed

_____scholarships (covers conference registration and hotel for programs with small budgets)

_____grant support (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 ENCLOSED $_____

Check all that apply to your connection to your community's leadership program:

□ Program Graduate □ Board Member □ Program Speaker □ Other: _____

Leadership Program: _____

How did you hear about TACL?_____

Make check payable to TACL and mail to:

Virginia Grimes, TACL Treasurer

c/o UT Martin/WestStar Leadership – 554 University St., 329 Hall-Moody Admin. Bldg. Martin, TN 38238

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