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 – 554 University St., 329 Hall-Moody Admin. Bldg. Martin, TN 38238

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