

Total Amount Due

MEMBERSHIP ENROLLMENT

Company:				Date:	Date:		
Phone Number:				# of Employees Full-Time/Part-Time:			
Website:							
Street Address:			City:		State:	Zip Code:	
Billing Address (if different):			City:		State:	Zip Code:	
Primary Contact:				E-Mail:			
Billing Contact (if different):				E-Mail:			
BENEFITS			\$5,000	\$2,500	\$1,500	\$600	
Maximum number of employees in the co	mpany		Any Number	Any Number	Any Number		
Member Directory listing level			Preferred	Enhanced	Deluxe	Standard	
Access to Member Portal account		L - X		Q J			
Access to Member Directory (name, phone number, website)							
Ability to promote company deals, jobs, and events			M ;	₩ ¥			
Exclusive event pricing Committee membership eligibility				2 ;	Y		
Welcome announcement on social media, website, and e-newsletter					7		
New member welcome gift			N ;				
Renewal announcement in e-newsletter			Li 🗸	Q ;	Ť		
Annual tickets to Alliance After-Hours networking events			14	12	12		
Event host sponsorship opportunity (businesses in Westshore)					·		
Private WESTSHORE 101 for company employees			~	4		4	
Access to Westshore Alliance market data			~	✓	~		
New Member Spotlight feature in e-newsletter			~	~		10	
Two tickets to one Membership Luncheon per year			~	✓		0)	
Designated Westshore Alliance staff liaison			~	~			
Invitation to special engagements throughout the year			~	✓			
Invitation to attend annual Board of Directors reception			~	✓			
Early signature event sponsorship opportunities and registration			~				
Seat on Westshore Alliance Board of Directors			~				
Waived Administrative Fee for new membership			~				
Discounted annual sponsorship packages for new sponsors			~				
One ticket to the Holiday Luncheon per year							
Company logo on Alliance homepage and			Y				
Gift a membership to a start-up or solo bu	usiness owner in '	Westshore	•				
PAYMENT INFORMATION							
Method of ☐ Invoice	☐ Check	□ Visa	П	MasterCard	☐ American	□ Discover	
Payment:	Enclosed				Express		
Name: Signat			e:		I consent to my	credit card being charged	
Card Number: Exp D			j.		I consent to my credit card being charged Security Code:		
Billing Address:		City:		State:	Zip Code	:	
Membership dues are paid annually startin							
Trembership dues are para annually starting	ng the month of e	enrollment. We	stshore Alliance	e is a 501(c)(6) not	-for-profit orgar	nization.	
TOTAL MEMBERSHIP INVESTMENT	ng the month of e	enrollment. We.		e <i>is a 501(c)(6) not</i> ation and payment		nization.	
	ng the month of e	enrollment. We	Send applica Westshore A	ation and payment	payable to:		