**Membership Application Form**

Business/Organization

Address City/State/Zip

Website Facebook Page

Contact Person

Phone E-mail

Upon payment of said amount, the individual or entity listed below shall be a member in good standing of NGage with the rights and obligations provided herein and in the Bylaws. For so long as the private entities are members in good standing of NGage ($1,000 membership level and above), each such entity shall be entitled to voting privileges at the NGage annual meeting.

You’ll be notified on the anniversary of your membership for renewal purposes.

(See back for more details on Membership Levels)

|  |  |  |
| --- | --- | --- |
| Level | Annual Investment | Direct Member Benefits |
| Leader Membership | $5,000.00 | * Voting Rights * Logo and Link on Website * Featured Business * Business Profile\* * Video * Up to 5 pictures * 3 quick links * Facebook link |
| Champion Membership | $2,500.00 | * Voting Rights * Logo and Link on Website * Featured Business * Business Profile\* * Video * Up to 3 pictures * 1 quick link * Facebook link |
| Catalyst Membership | $1,000.00 | * Voting Rights * Logo and Link on Website * Featured Business * Business Profile\* * Two picture * Facebook link |
| Advocate Membership | $500.00 | * Logo and Link on Website * Business Profile\* * Facebook link |
| Associate Membership | $100.00 | * Logo and Link on Website * Business Profile\* |

\*Business Profile: Description of Business and Contact Person’s Name and Contact Information

The business profile information can be emailed to [glennism@ngagegroup.org](mailto:glennism@ngagegroup.org)

Business Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_