



c/o DLN Consulting, Inc.
2493 4th Avenue West, Suite G
Dickinson, ND 58601

2018 MEMBERSHIP APPLICATION

We offer a membership option tailored to fit your specific needs. Please complete and submit the membership form below. If you would like more information about membership in Vision West ND, please specify your questions in the comment box.

FIRST NAME _____ LAST NAME _____

ORGANIZATION/AGENCY/COMPANY _____

TELEPHONE _____ (CHECK ONE: WORK____ MOBILE____)

EMAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

MEMBERSHIP LEVEL (CHECK ONE)

____ ASSOCIATE (\$100)

____ SPONSOR (\$150)

____ SUPPORTER (\$350)

____ LEADER (\$750)

____ VISIONARY (\$1,000 +)

COMMENTS: Let us know if there is more you want us to know about your organization or membership.

MAKE PAYMENT TO:

Vision West ND
C/O Dunn County Auditor
205 Owens St
Manning, ND 58642-9513

IF AN INVOICE IS REQUIRED FOR PAYMENT, PLEASE CHECK HERE: _____

SIGNATURE: _____ DATE: _____

In submitting this form, I certify that the above information is correct and complete and hereby agree to make prompt payment.