



MEMBERSHIP APPLICATION AND RENEWAL FORM

* Required Fields

Name*: _____ Title: _____ Department: _____
 Email*: _____ Phone Number*: _____ Organization*: _____
 Address*: _____ City, State, Zip*: _____

Preferred Method of Communication* (please circle) Email or Normal Mail **SEA Chapter Code:** _____

Would you like to subscribe to the official listserv of the Social Enterprise Alliance, the npEnterprise Forum* (please circle) Yes or No

Membership Type* (please check one)

Student (\$50) *For students in degree programs, this category provides the members-only newsletter and opportunities for scholarships/student discounts to the annual Summit*

Social Entrepreneur (regularly \$150, now only \$75) *This information-only category for staying abreast of SEA news comes with the members-only newsletter and the member discounted registration to the annual Summit (\$100 off).*

Enterpriser (\$350) *Choose this category (or any of the following organizational categories) to provide the SEA member benefits to an unlimited number of your organization's registered employees. This category also comes with special discounts on products, the early-bird rate to the annual Summit and opportunities to serve on member committees.*

Sustainer (\$600) *This member category provides invitations to the VIP reception at the Summit and to participate on the Leadership Awards selection committee*

Investor (\$1,000) *Choose this level to be interviewed for the Enterprising Voice newsletter and to receive quarterly updates from the President*

Builder (\$2,500) *With this level of support for the Alliance you receive front table seating for two at the annual Leadership Awards Banquet and a quarterly conference call with the President*

Partner (\$5,000) *Support the Alliance at the highest level and receive invitations to key policy forums and the President's breakfast at the Summit*

Payment Options

Check Credit Card

American Express MasterCard Visa

Card Nbr. _____ Exp. _____
 Billing Zip Code _____
 Cardholder's Name _____

Signature _____

Additional member representative(s) (For Organization Membership)

Name: _____ Email: _____
 Name: _____ Email: _____
 Name: _____ Email: _____
 Name: _____ Email: _____

**Please attach additional names and emails to this form.*

US Check Payments:
 Social Enterprise Alliance, 75 Remittance Drive, Suite 6504, Chicago, IL 60675-6504

Credit Card Payments:
 Email: info@se-alliance.org or Fax: 602.916.0905

You may also join or renew online at www.se-alliance.org
 Do you have a question about membership? Call us at 202.558.7173