



Membership Form

1. Provide Your Contact Information

Name _____ Title _____

Company _____ Phone _____

2. Indicate Your Contribution Level *(see page 2 for add'l details)* \$ _____

- Full Member \$5000
- Associate Member \$2500
- Supporting Member \$1000

3. Indicate Your Payment Method *(Full payment Must Accompany this Form)*

- Check enclosed Visa AMEX Discover Master Card

Card# _____ Exp.Date _____

Name on Card _____ Signature _____

Once you've completed this form, enclose proof of payment
(make checks payable to "EIC"), and then **fax** or **mail** to:

EACA 2214 NW 5th St., Bend, OR 97701 T. 541-317-8768 F. 541-317-8749

Exhibit Industry Council Membership Categories

<u>Member Level</u>	<u>Deliverables</u>	<u>Cost</u>
Full	company logo on EIC web site use of “Full Member” of EIC logo Full Member sign for booth at industry events access to Quarterly conference call updates complimentary access to EIC webinars copy of EIC Annual report	\$5,000
Associate	company name on EIC web site use of “Associate Member” of EIC logo Associate Member sign for booth at industry events access to Quarterly conference call updates	\$2,500
Supporting	small name on EIC web site	\$1,000