

# Northeast Oklahoma Regional Alliance

PO Box 945

Tahlequah, OK 74465

<b>DATE:</b>
--------------

Northeast Oklahoma Regional Alliance



## Member Application

ENTITY INFORMATION			
Entity Name or Association / Name of Business:			
Entity Mailing Address:			County:
City:	State:	Zip:	Entity Phone Number:
Entity Web Site:		Entity Fax Number:	
Entity Type:			
<input type="checkbox"/> County Commission	<input type="checkbox"/> County Government Tribal	<input type="checkbox"/> County Organization	<input type="checkbox"/> Town/City Government
<input type="checkbox"/> City Organization	<input type="checkbox"/> Government	<input type="checkbox"/> Development Organization	<input type="checkbox"/> Chamber of Commerce
<input type="checkbox"/> Educational Institution	<input type="checkbox"/> Higher Education	<input type="checkbox"/> State Organization	<input type="checkbox"/> Tourism Organization
<input type="checkbox"/> Individual	<input type="checkbox"/> Business – Indicate Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Grand		
Length of Service / Business:		Population Size:	Employment Size:

MEMBERSHIP DUES			
MEMBERSHIP TYPE	SIZE	AMOUNT	INFORMATION
County Commission Board	N/A	\$500	Type of Membership: Voting <input type="checkbox"/> Organizational Sponsorship <input type="checkbox"/> Associate Membership <input type="checkbox"/> Amount: \$ _____ Nominated Director <input type="checkbox"/>
Town or City	Population Greater than 5,000	\$500	
Town or City	Population Greater than 1,000 and less than 5,000	\$250	
Town or City	Population Less than 1,000	\$100	
Chambers		\$150	
Educational Institution	Elementary or Primary Education or Group	\$100	
Higher Educational Institution	Secondary Education or Group	\$500	
Tribal Government	N/A	\$1,000	
Grand Business	Employment Greater than 200	\$2,500	
Large Business	Employment Less than 200 and Greater than 50	\$1,000	
Medium Business	Employment less than 50 and Greater than 5	\$500	Please check if interested in serving on a committee or nominating a representative to serve on a committee: <input type="checkbox"/>
Small Business	Employment Less than 5	\$250	
Non-Profit Organization	Community focused organization; not individually owned	\$100	
Individuals	Any community member or participant	\$100	
Gold Sponsorship	Associate Member, Logo, Acknowledge, Booth	\$2,500	
Silver Sponsorship	Associate Member, Logo, Signage	\$2,000	Event Sponsored: _____
Bronze Sponsorship	Associate Member, Logo on Web, Signage	\$1,500	

**REPRESENTATIVE INFORMATION**

Name of Contact / Representative (Last, First, Middle, Suffix)		
Title	Primary Contact <input type="checkbox"/> YES <input type="checkbox"/> NO	
Email Address:	Contact Phone Number:	Fax Number:
Contact Preference: <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail <input type="checkbox"/> Entity Phone Number <input type="checkbox"/> Contact Phone Number <input type="checkbox"/> Fax		

Another Name of Contact / Representative (Last, First, Middle, Suffix)		
Title	Primary Contact <input type="checkbox"/> YES <input type="checkbox"/> NO	
Email Address:	Contact Phone Number:	Fax Number:
Contact Preference: <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail <input type="checkbox"/> Entity Phone Number <input type="checkbox"/> Contact Phone Number <input type="checkbox"/> Fax		

VOTING DIRECTOR Nomination:	Contact Phone Number:
VOTING DIRECTOR Nominee Mailing Address:	Email Address:
ALTERNATE Voting Director Nomination:	Contact Phone Number:
ALTERNATE Mailing Address:	Email Address:
ALTERNATE Voting Director Nomination:	Contact Phone Number:
ALTERNATE Mailing Address:	Email Address:

**PLEASE RETURN THIS FORM WITH YOUR CHECK MADE PAYABLE TO NORTHEAST OKLAHOMA REGIONAL ALLIANCE  
P.O. BOX 945 • TAHLEQUAH, OK 74464 • PHONE: 918-772-8334 • WEB-SITE: WWW.NEOKREGION.ORG**

\*\*\*\*\*

**NORA OFFICIAL USE ONLY**

MEMBERSHIP LEVEL: <input type="checkbox"/> FULL VOTING	<input type="checkbox"/> ASSOCIATE MEMBER	<input type="checkbox"/> ORGANIZATIONAL SPONSORSHIP	EVENT: _____
PAYMENT RECEIVED: <input type="checkbox"/>	DATE OF PAYMENT: _____	ANNIVERSARY / START DATE: _____	
NOMINATIONS: <input type="checkbox"/> DIRECTOR	<input type="checkbox"/> ALTERNATES		
COMMITTEE: <input type="checkbox"/>	NAME OF COMMITTEE: _____		
COMPANY LOGO: <input type="checkbox"/> (FOR SIGNAGE, BOOTH SPACE, WEB-SITE, ETC)	<input type="checkbox"/> CONTACT CONFIRMED AND SENT TO SECRETARY FOR NOTICES		
_____ SIGNATURE OF CHAIRMAN OR SECRETARY	_____ DATE APPROVED		