



## Membership Investment Application

- |  |   |
|--|---|
| <p>_____ \$5000 Cornerstone Member</p> <p>_____ \$2500 Legacy Member</p> <p>_____ \$1000 Sustaining Member</p> | <p>_____ \$500 Supporting Member</p> <p>_____ \$300 Basic Member</p> <p>_____ \$100 Individual Member (non-organization)</p> <p style="text-align: center;">_____ \$200 NEW MEMBER (first year only)</p> <p style="text-align: center;"><i>Paid Membership for January - December</i></p> |
|--|---|

**Name of Organization:** \_\_\_\_\_

**Membership Contact Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

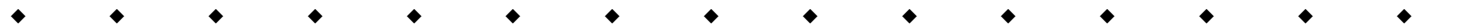
**City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**Email:** \_\_\_\_\_  
*(please make sure that your computer browser will allow email from the Council)*

**Web page address:** \_\_\_\_\_  
*(Address will be added to Twin City Area Labor Management Council web page linking to your organization.)*

**Affiliation:**     Management     Labor     Other *(please specify)* \_\_\_\_\_



**For membership level \$300 and above, please ADD the following people to update the TCALMC database.  
 Please include address (if different from above).**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Thank you for your support!

**Twin City Area Labor Management Council**  
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