



## Membership Application

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ URL: \_\_\_\_\_

**Primary purpose of your company and how you see using the Center for Excellence:**

<b>Membership Type (check one)</b>		
<b>Partner Membership</b> <b>\$500</b> <input type="checkbox"/>	<b>Premium Membership</b> <b>\$1000</b> <input type="checkbox"/>	<b>Resident Membership</b> <b>\$2400</b> <input type="checkbox"/>
<ul style="list-style-type: none"> <li>3 hours per month ( 36 hrs per yr).</li> <li>\$15 / hr. each additional hour</li> <li>Prominent display of promotional material in the center</li> </ul>	<ul style="list-style-type: none"> <li>8 hours per month (96 hrs per yr)</li> <li>\$10 / hr. each additional hour</li> <li>Prominent display of promotional material in the Center</li> </ul>	<ul style="list-style-type: none"> <li>4 hours /day office use</li> <li>Mailing address Center for Excellence</li> <li>4 hours / month seminar space</li> <li>Company name on office</li> <li>Prominent display of promotional material in the Center</li> </ul>
Annual Payment      \$500 <input type="checkbox"/> Monthly Payment      \$50 <input type="checkbox"/>	Annual Payment      \$1000 <input type="checkbox"/> Monthly Payment      \$100 <input type="checkbox"/>	Annual Payment      \$2400 <input type="checkbox"/> Monthly payment      \$200 <input type="checkbox"/>

**Membership is subject to approval.**

**Your CFE membership also includes:**

**Picture and Bio displayed on the CFE website**

**All Center events displayed on the Center calendar of events and promotion on Upcoming events page**

**Payment Method:**

Mail Check ( payable to : **Center for Excellence**, 3803-B Computer Drive, Suite 106, Raleigh, NC, 27609

Credit Card:  VISA     MasterCard ( accepted on site )

**Scheduling events:**

**All events must be scheduled 1 week in advance using the on line event registration form.**

**Any event cancelled or rescheduled must be submitted through email at least 1 week in advance**

**Any event cancelled less than 72 hours prior to the event start time will be charged to the monthly**

**time allotment and will incur a \$10.00 reschedule fee. Email reschedules to Colleen Gray at**

**Colleensreva@gmail.com. All events will be scheduled for a minimum of 1 hour. Please check the**

**calendar to assure the date and time you are requesting are showing available on the CFE calendar.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_