

WCEDP Membership Application

Join Date: _____

Member name:

(organization or individual) _____

* Membership Type: Associate Member (1000.00) Trustee Member (3000.00)

* Memberships are for one year and renewed upon your anniversary date.

Contact (if representing an organization): _____

Title: _____

Email: _____

Address: _____

City: _____ State: ____ Zip: _____

Mailing address (if different) _____

City: _____ State: ____ Zip: _____

Phone: _____ Fax: _____ Cell: _____

Web site (if available): _____

Primary Group Classification (please select one)

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Business | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> EDC Group | <input type="checkbox"/> Utility providers |
| <input type="checkbox"/> Education | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Government | <input type="checkbox"/> Non-Profit Organization |

- If an individual, I give WCEDP permission to publish my membership information on the web site and other publications which may include member information. If you choose not to have your information published, please leave blank.

By becoming a member, you agree to abide by the WCEDP bylaws and to represent the WCEDP with integrity and the highest ethical standards.

Signed: _____

Please mail completed application and dues to:

WCEDP
742 12th St.
Hempstead, TX 77445