

Leadership Alliance

Gift Membership Form for 2008 - 2009

Gift Membership for 2008 – 2009

Your Name: _____ Date: _____

Complete the following for the person receiving the gift membership

Name: _____

Simplexity Health ID: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____

Cell Phone: _____

E-Mail Address _____

Birthday: ____ month ____ day

Membership Category: (please check their category)

√	Membership Category	Dues Amount*
	New IBA, Team Leader or if your business is at the start up level : General	\$15
	Associate Manager, Manager & Senior Manager	\$15
	Associate and Managing Director	\$15
	Senior Director and above	\$15

*All Gift Memberships are \$15.

Notes or Comments: _____

___ Check enclosed. Make checks or money orders (US funds only) payable to The Leadership Alliance.

Credit card #: _____

Exp. date: _____ (M/C, Visa, Discover or American Express only)

Signature: _____

Please print name on card: _____

Fax or mail form with payment to:
The Leadership Alliance, Attention: Memberships
5304 Alva Avenue Klamath Falls, OR 97603-5012
Phone/Fax: (541) 273-6346
Email: office@simplexityleaders.org
Website: www.simplexityleaders.org