

Leadership Alliance Membership Form for 2008 - 2009

New Membership for 2008 – 2009

Membership Renewal for 2008 – 2009

Name: _____ Date: _____

Simplexity Health ID: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____

Cell Phone: _____

E-Mail Address _____

Birthday: ____ month ____ day I was referred by: _____

Membership Category: (please check one)

✓	Membership Category	Dues Amount	Renew Now*
	New IBA, Team Leader or if your business is at the start up level : General	\$60	\$55
	Associate Manager, Manager & Senior Manager	\$80	\$75
	Associate and Managing Director	\$100	\$95
	Senior Director and above	\$200	\$185

*Still a savings

We suggest and would appreciate that you join at your title.

If this is a financial challenge for you right now, you may join at a lower title.

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: _____

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