

Membership Registration

Renewal Date:	
Organization:	
Mailing Address:	
City/State/Zip:	
Contact (Name/Title):	
Phone:	
Fax:	
E-mail:	

Budget	Dues
<\$150,000	\$ 50
\$150,000<\$250,000	\$ 150
\$250,000<\$500,000	\$ 250
\$500,000<\$1,000,000	\$ 500
\$1,000,000<\$3,000,000	\$ 1,000
\$3,000,000<\$5,000,000	\$ 2,500
\$5,000,000<\$10,000,000	\$ 5,000
>10,000,000	\$ 7,500

Members renewing before their deadline may elect to apply a 10% renewal discount if postmarked before their deadline.

___ Check here if you elect to take the optional 10% renewal discount (eligibility will be verified).

Payment type: Credit Card Check Enclosed (Make payable to CenterLink) Online (PayPal)

Credit card type (MC, Visa, AE): _____ Credit card number: _____
Security Code: _____

Expiration date: ___ / ___ Name (as it appears on the card): _____

Billing Address of Card: _____

City: _____ State: _____ Zip: _____

Dues may also be paid online at: www.lgbtcenters.org
(If paying online, make sure that your Center Name is recorded and that this form is sent to CenterLink indicating an Online Payment.)

Please return this form (and check, if applicable) to:

**Terry Stone
CenterLink
P.O. Box 24490
Fort Lauderdale, FL 33307
p: 954.765.6024 f: 954.765.6593
terry@lgbtcenters.org**