# Sound Alliance

## Membership Form

### Institutional Information

Name: _____

Street Address: _____

_____

_____

Mailing Address: _____
(if different) _____

_____

Main Phone: _____ Fax: _____

Web Site: _____

# of Members: _____ [ ] Individuals OR [ ] Families/Households?

### Contact/Alliance Information:

Institutional Leaders:

*(Include the lead/executive staff person and any other employees with responsibilities related to the Sound Alliance.)*

| Name: | Phone: | E-mail: |
|---|---|---|
| | | |
| | | |
| | | |

Strategy Team Delegates:

*(List the delegates who have been authorized to represent and vote on behalf of your institution at Alliance board and membership meetings.)*

| Name: | Phone: | E-mail: |
|---|---|---|
| | | |
| | | |

Clusters:

*Strategy team delegates may participate at both the Alliance-wide and the local cluster levels. Please indicate the cluster in which the above delegates will participate. Please use the back of this form to list additional delegates, as needed, for additional clusters in which your institution will participate.*

[ ] East King [ ] South King [ ] Thurston

[ ] Pierce [ ] Seattle

### Dues/Billing Information

| | Total Amount | Payment | Annual | Bi-Annual | Quarterly | Monthly |
|---|---|---|---|---|---|---|
| Dues | | Type: | $ | $ | $ | $ |

Send Statements/Refer Billing Questions to:

| Name: | Phone: | E-mail: |
|---|---|---|
| | | |

Billing Address: [ ] same as mailing address

Other Address: _____

_____

_____

### Authorization

| Name: | Position: | Date: |
|---|---|---|
| | | |

Signature:

Additional Clusters/Delegates:

Cluster [ ] East King [ ] South King [ ] Thurston
[ ] Pierce [ ] Seattle

**Name:** **Phone:** **E-mail:**

Additional Clusters/Delegates:

Cluster [ ] East King [ ] South King [ ] Thurston
[ ] Pierce [ ] Seattle

**Name:** **Phone:** **E-mail:**

Additional Clusters/Delegates:

Cluster [ ] East King [ ] South King [ ] Thurston
[ ] Pierce [ ] Seattle

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[ ] Pierce [ ] Seattle

**Name:** **Phone:** **E-mail:**