



PROVENDER
ALLIANCE
NOURISH • EDUCATE • INSPIRE

**Help support our efforts-
Become a member!!**

2000 NE 42nd Ave #294, Portland, OR 97213

Business Name: _____ Contact Person: _____

Mailing Address: _____

City, State/Province: _____ Zip/Postal Code: _____

Phone: _____ E-mail: _____

2021 ANNUAL MEMEMBERSHIP DUES

Your membership is effective for one year from the date payment is received.

Please check the box and select your dues from the following categories based on gross sales:

<input type="checkbox"/> Individual (not affiliated with a business) ----- \$55.00	<input type="checkbox"/> \$5,000,001 to \$10,000,000----- \$425.00
<input type="checkbox"/> Under \$100,000----- \$70.00	<input type="checkbox"/> \$10,000,001 to \$20,000,000----- \$425.00
<input type="checkbox"/> \$100,001 to \$500,000-----\$100.00	<input type="checkbox"/> \$20,000,001 to \$50,000,000-----\$425.00
<input type="checkbox"/> \$500,001 to \$1,000,000 ----- \$160.00	<input type="checkbox"/> Over \$50,000,000----- \$425.00
<input type="checkbox"/> \$1,000,001 to \$3,000,000----- \$265.00	<input type="checkbox"/> Contributor (includes dues) ----- \$525.00
<input type="checkbox"/> \$3,000,001 to \$5,000,000----- \$290.00	<input type="checkbox"/> Supporter (includes dues) ----- \$800.00
	<input type="checkbox"/> Golden Carrot ----- \$1,600.00 (includes dues PLUS free ¼ page b & w ad in the <i>Provender Journal</i> and Conference Program)

ADDITIONAL DONATIONS

DUES \$ _____

I/We would like to make a donation to **sponsor the conference** of ----- \$ _____

I/We would like to make a donation to the **General Fund** of ----- \$ _____

I/We would like to make a donation to the **One Person Can Make a Difference Scholarship Fund** of ----- \$ _____

I/We would like to make a donation to the **Worktrade Fund** of ----- \$ _____

PAYMENT

A check is enclosed payable to Provender Alliance

Please charge my credit card: VISA MasterCard

Name on card: _____ Card # _____

Exp. date (MM/YY) _____

3-digit secret code: _____

You may e-mail your completed form to Abigail@provender.org

TOTAL