



Allied Membership Application for July 1, 2018 through June 30, 2019



Company Name _____ Type of Business _____

Company Phone _____ Company Fax _____ Website _____

Company Address _____ City _____ State _____ Zip _____

Representative Name _____ Representative Title _____

Representative Address _____ City _____ State _____ Zip _____

Representative Phone _____ *Representative Email _____

*Required and will be used to access your membership profile on our website.

Membership Application Levels and Sponsorship Opportunities

Check the package and/or ala carte items you are purchasing below. Refer to the attached for descriptions and limitations.

PACKAGES (membership is included):

- Platinum Membership \$4995 \$ _____
- Gold Membership \$3995 \$ _____
- Silver Membership \$2995 \$ _____
- Bronze Membership \$1195 \$ _____
- Gold Membership \$3995 \$ _____

ALA CARTE ITEMS:

- Membership Only (no sponsorships) \$399 \$ _____
- 2019 Annual Conference Single Booth \$950 member/\$1349 non-member \$ _____
- 2019 Annual Conference Double Booth \$1400 member/\$1799 non-member \$ _____
- 2019-2019 Other Event Booth/Sponsorship \$900 \$ _____
- 2019-2019 Conference/Other Event Breakfast Sponsor \$1000 \$ _____
- 2019-2019 Conference/Other Event Lunch Sponsor \$1000 \$ _____
- 2019-2019 Conference/Other Event Dinner Sponsor \$1000 \$ _____
- 2019-2019 Conference/Other Event Hospitality Sponsor \$500 \$ _____
- Gift Bag Sponsor \$250 per event \$ _____
- Gift Bag Contributor \$100 per event \$ _____
- Bugs N Balls Raffle Sponsor \$195 \$ _____
- Bugs N Balls Hole Sponsor \$300 \$ _____
- Bugs N Balls Longest Drive Sponsor \$795 \$ _____
- Bugs N Balls Closest to the Pin Sponsor \$795 \$ _____
- Bugs N Balls Beverage Cart Sponsor \$795 \$ _____
- Bugs N Balls Breakfast Sponsor \$1500 \$ _____
- Bugs N Balls Lunch Sponsor \$2500 \$ _____
- Bugs N Balls Beverage Cart Sponsor \$1595 \$ _____
- Please consider including a contribution to the AZPPO Industry Defense Fund \$ _____
- TOTAL PAYMENT** \$ _____

My check is enclosed. Check number _____

I would like to charge my payment to _____ Visa _____ MasterCard _____ Amex

Credit Card Number _____ Exp. Date _____ Security Code _____

Name on Card: _____

Card Billing Address: _____ City _____ State: _____ Zip Code: _____

Signature _____

Mail application with dues payment to AZPPO, 7729 E Greenway Rd, #300, Scottsdale, AZ 85260. You may also pay online through our website azppo.org, or email this application to info@azppo.org

Dues to AzPPO are not deductible as a charitable contribution, but may be deductible as an ordinary business expense. A portion of dues are not deductible to the extent AzPPO engages in lobbying. Call Laura Taylor at +1.480.289.5761 for your specific deductions.