



Membership Application

I would prefer to remain "anonymous".

Shasta VOICES, as a private organization, does not share our membership or contributor information with any outside individual or organization.

Company Name No. of Employees

Company Address City/State Zip Code

Mailing Address (if different than location) City/State Zip Code

Telephone (including area code) FAX (including area code)

E-mail Address Internet – http:// address

Business Category Year Established

Principle/Owner/C.E.O. Title

Main Contact Person Title

Number of Employees	Annual Dues
Individual	\$ 150.00
1-20	\$ 250.00
Over 20	\$ 1,000.00
Associations/Groups	\$ 2,500.00

ANNUAL PAYMENT	Annual Dues	\$ _____
Date _____	Other Contribution	\$ _____
	Total Payment	\$ _____
Date Paid _____	Total Paid	\$ _____
Paid by Check # _____		

Send Completed Application and payment to:

**Shasta VOICES
P.O. Box 492794
Redding, CA 96049
Phone: (530) 222-5251**