



Membership Application

I. Organization Basics

Company Name _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

General E-Mail Address _____

Web Site Address _____

This office is: Single Office Branch Office Office HQ Other _____

II. Primary Contact

Please supply information about the person who will be the primary point of contact with your organization. *[This is the person who will receive information from our office.]*

Salutation (Mr., Ms., Mrs., Dr.) _____ First Name _____ Last Name _____

Title _____

Email _____

Telephone _____ Fax _____

(Enter following information only if different from #I above)

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____



III. Membership Dues

Please indicate your desired level of membership.

FOUNDER (\$975 per yr.)	VENDOR (\$475 per yr.)	PLATINUM (\$375 per yr.)	GOLD (\$275 per yr.)	SILVER (\$175 per yr.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASSOCIATE (\$95 per yr.)	BRONZE (\$75 per yr.)	STUDENT (free)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

IV. Committees

I wish to join/receive information about the following committees:

- Hiring & Training
 Image
 Pipeline
 HR Networking Group

V. Additional Information

We would appreciate if you would take a moment to answer the following questions:

How many employees does your company have? _____

What is the main business that your company engages in? _____

Our company is a member of the local Chamber of Commerce: Yes No

If yes, please indicate which: _____

I would like more information
 Workforce Development
 Internships
 Economic Development Programs
 Other _____

Please contact me via: Email Phone

My company is interested in:

- Giving tours
 Participating in job/career fairs
 Accepting interns/shadows
 Providing organizational feedback/skills
 Working with educational partners

Please contact me about these opportunities via: Email Phone

VI. Additional Contacts

The following contacts would also like to be put on the FAME general mailing list and/or a selected committee:

Salutation (Mr., Ms., Mrs., Dr.)	First Name	Last Name
Title		
Email		Telephone

FAME Membership Application



Committees: Hiring & Training Image Pipeline HR Networking

Salutation (Mr., Ms., Mrs., Dr.) First Name Last Name

Title

Email Telephone

Committees: Hiring & Training Image Pipeline HR Networking

Salutation (Mr., Ms., Mrs., Dr.) First Name Last Name

Title

Email Telephone

Committees: Hiring & Training Image Pipeline HR Networking

Salutation (Mr., Ms., Mrs., Dr.) First Name Last Name

Title

Email Telephone

Committees: Hiring & Training Image Pipeline HR Networking

VII. Dues

Please make checks payable to: **FAME c/o FLWIB**

I am enclosing dues in the amount of \$_____.

Please sign below.

Name Title Date

VIII. Mailing

Please mail this form with your check enclosed to:

FAME, c/o FLWIB
41 Lewis Street, Suite 104
Geneva, NY 14456

Questions? E-mail us at: info@NYFAME.org