



Membership Application

Organization Name _____

Address _____ City/State/Zip _____

Business Email _____

Business Phone _____

Website _____

Type Company _____ Year Founded _____

Company and contact information will be available to other members.

I acknowledge and agree that I am a representative of a business or entity based in the United States and therefore eligible for membership in this organization. (check box)

Contact Info:

Name _____ **Phone** _____
Primary Contact (Listed in Membership Directory, Website & Receive Maillings)

Title _____ **Email** _____

Membership Level:		(Circle One)	Visit craneregionaldefensegroup.org/membership for list of benefits at each level			
5 STAR	\$5,000		4 STAR	\$3,500	3 STAR	\$2,000
	2 STAR	\$1,000		1 STAR	\$500	

Email completed form and company logo to connect@craneregionaldefensegroup.org
Applications will be reviewed and you will receive an invoice once approved.

1504 I Street, Bedford IN 47421
(812)277-9778
craneregionaldefensegroup.org