



Member Name: _____

Title: _____

Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email Address: _____

Membership

_____ Individual (\$75.00) _____ Student (\$45.00)

_____ Company (up to 5 members) (\$150.00)

Quantity	Membership (Select One)	Membership Amount	Total
_____	Individual Membership	\$ _____	\$ _____
_____	Student Membership	\$ _____	
_____	Company Membership <i>Email (4) additional company members' names and emails to: info@azilg.org</i>	\$ _____	
Total =			\$ _____

Please make checks out to: AZilg (AZ Industry Liaison Group)

PO Box 1848

Phoenix, AZ 85001

Attn: Lauren Copeland-Glenn, Treasurer

EIN # 86-0966437

WELCOME TO AZilg!

User Name(s) and temporary Password(s) will be emailed upon receipt of payment.

You can then complete your Member Profile(s) online at: www.azilg.org and begin taking advantage of AZilg great member benefits!