



## 2018 Associate Member Application

Company: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Web: \_\_\_\_\_ Email: \_\_\_\_\_

**Please check your level of membership participation and other support below.**

Level of Membership	Rate	Your Selections
Associate Member	\$ 500	_____
Sponsoring Member	\$ 800	_____
Supporting Member	\$ 2,000	_____
Partner Member	\$ 3,000	_____

**Sponsorship**

**Fall Conference**

➤ Platinum	\$2,000	_____
➤ Town Hall Lunch	\$2,000	_____
➤ Silver	\$1,000	_____
➤ Pre-Conference	\$1,000	_____
➤ Table Top Exhibitor	\$ 500	_____

**RCA/HFA Course**

➤ Course Sponsor	\$2,500	_____
➤ Speaker Sponsor	\$250	_____
➤ Refreshments Sponsor	\$500	_____
➤ Commencement Luncheon	\$1,500	_____

**Newsletter Underwriter**                      \$300/Newsletter                      \_\_\_\_\_

**Seminars** not included in Membership                      Contact HOPE  
\_\_\_\_\_

**Please return this form, your Company description to the address below.**

**101 West Ohio Street, Suite 2000, Indianapolis, IN 46204    Phone 317/472-0677    Fax 317/472-0695**