

## **2024 MEMBERSHIP APPLICATION and INVOICE**

	ew				
I <u>nformation</u> Business Educat OTHER <i>If oth</i>			Non-Profit		_ Healthcare
Organization Name:					
Address:					
Phone:					
Primary Contact/Title:					
Secondary Contact/Title:					
Secondary Contact/Title		Email.	·		
Strategy Teams provide a			to address areas of imp		
Learn mo	re about our strat	egy teams by visit	ing: cobbcollaborativ	e.org/strategy-t	eams
Website Information: Col	ob Collaborative Me	embers receive acc	ess to post events to o	ur website calend	dar.
the Cobb Collabora	ative website.	_	th login information from		·
Fee Structure (Fee disconnection Non-Profit & Indiv	-		ast renewal) Business Annual F	Too Structure	
Fee Based on	Fee if New	Structure	Fee based on	Fee if New	
Number of	Member or		Number of	Member or	
Employees	renewed within		Employees	renewed within	
0-5 or individual	13 months \$50.00		0-5 or individual	13 months \$100.00	
6-10	\$100.00		6-10	\$150.00	
11-19	\$200.00		11-19	\$250.00	
20+	\$350.00		20+	\$400.00	
Amount Enclosed			Amount Enclosed		
Please make check payabl Street, Smyrna, GA 30086					

• Mission: Engaging, Educating and Empowering the community to improve the well-being of children and families.

\_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

• Vision: Cobb County partners working together to create opportunities for all people to thrive.

Signature: \_\_\_\_\_