

ASSOCIATE MEMBERSHIP APPLICATION



2493 4th Avenue West, Suite G | Dickinson ND 58601 | 701.483.2801 | www.visionwestnd.com

Organization Profile

Company Name

Address

Address 2

City

State

Zip

Telephone

Fax

General E-mail Address

Website Address

Submitting organization is Single office Branch Office Headquarters Other _____

Primary Contact

Please supply information about the person who will be the primary point of contact with your organization. (This person will receive all communication from our office.)

First Name Last Name

Title

E-mail

Telephone Fax

If different from address above, please provide contact information.

Address

Address 2

City State Zip

Associate Membership Agreement

Associate membership is available only to limited types of companies engaged in business related to Vision West North Dakota's regional plan for sustainability as determined by the Vision West North Dakota Consortium and its appointees.

The admission of an Associate Member, or the acceptance dues from an Associate Member, shall not constitute an endorsement by the Vision West North Dakota Consortium of the business practices, activities, products, or services of such associate member. Any attempt by an Associate Member to portray its membership as an endorsement by Vision West North Dakota Consortium shall be grounds for cancellation of membership. Associate Members may not use the Vision West North Dakota name or logo in any manner without the express written permission of the Vision West North Dakota Consortium. Associate Members are allowed to provide input for use in decision-making process. However Associate Members do not have an official vote.

All applications must include marketing materials or brochures detailing the nature of the business. Membership expires 18 months from the application approval date.

Please sign below.

_ Name

Title

Date

**Submit completed application to:
visionwest@dlnc consulting.com**