



## Contact Information for Member Organizations

Membership Dues Amount: \$\_\_\_\_\_

**Organization Name: (if applicable)** \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

**Executive Director or Individual Name:** \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Board Chair Name:** \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Additional Name:** \_\_\_\_\_

Title or Job: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Additional Name:** \_\_\_\_\_

Title or Job: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Additional Name:** \_\_\_\_\_

Title or Job: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

***Please check box to give CNL permission to add any new names and email addresses to our Member Information Email List and/or ED Huddles & Leadership Roundtable Invite lists***