



Name of Organization:

Name of Individual:

Address:

Phone (s):

E-Mail(s):

All billing inquiries should be directed to the following:

Billing
Address:
(if different
from above)

Billing E-Mail
(if different
from above):

If your organization is accepted for membership, what other individuals would you like to be added to the SHLB member distribution list? A maximum of Five (5) people may be added to our distribution list per membership. Please provide four additional name(s) and e-mail address(es):



What are your policy interests?

- E-rate
- Health
- Digital Inclusion
- Infrastructure
- Municipal
- Unlicensed Spectrum
- Other

What levels of policy are you interested in?

- Local
- State
- Federal
- Global

Dues

ANNUAL EXPENSE BUDGET (CATEGORIES A-D) or TOTAL CORPORATE REVENUES (CATEGORIES E-F)										
	1	2	3	4	5	6	7	8	9	10
	\$0 - \$249,999	\$250,000 - \$499,999	\$500,000 - \$999,999	\$1 M - \$4,999,999	\$5 M - \$24,999,999	\$25 M - \$49,999,999	\$50 M - \$99,999,999	\$100 M - \$499,999,999	\$500 M - \$999,999,999	\$1 B +
AFFILIATE MEMBERS										
AFFILIATES <i>For-Profit Corporations Only</i> <i>50% Discount</i>	\$250	\$500	\$1,000	\$1,750	\$2,500	\$3,750	\$5,000	\$6,250	\$7,500	\$10,000

Dues renew on anniversary date

Which category best describes your organization?

- Commercial Provider
- Consultant or Consulting Firm

Which range applies to your organization? (According to Annual Expense or Total Corporate Revenue)

- \$0 - \$249,999
- \$250,000 - \$499,999
- \$500,000 - \$999,999
- \$1 M - \$4,999,999
- \$5 M - \$24,999,999
- \$25 M - \$49,999,999
- \$50 M - \$99,999,999
- \$100 M - \$499,999,999
- \$500 M - \$999,999,999
- \$1 Billion +

I AFFIRM THAT THE STATEMENTS MADE ABOVE ARE ACCURATE:

Signature

(Typed signature is acceptable.)

Date