



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):

Mission

SHLB is an advocacy organization that supports policies and funding for the deployment of open, affordable and high-capacity broadband networks to anchor institutions and their communities.

Do you understand and agree with SHLB's Mission?

YES

NO

How will the organization help the SHLB Coalition?

Does the organization directly represent anchor institutions? Does it provide service to anchor institutions? How?

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

	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 +
FULL MEMBERS										
A	ANCHORS <i>State, Regional, Local Schools, Libraries, Clinics, etc.</i>									
	\$250	\$250	\$500	\$500	\$500	\$1,000	\$1,000	\$1,500	\$1,500	\$2,000
B	MUNICIPAL AND STATE BROADBAND OFFICES									
	\$250	\$250	\$500	\$500	\$500	\$1,000	\$1,000	\$1,500	\$1,500	\$2,000
C	ASSOCIATIONS <i>Non-Profit State, Regional, or National Associations, Public Interest Groups, Foundations, etc</i>									
	\$250	\$375	\$500	\$750	\$1,250	\$2,000	\$3,000	\$4,000	\$5,000	\$7,000
D	NON-PROFIT BROADBAND SERVICE PROVIDERS <i>R&E Networks, Telehealth, etc</i>									
	\$375	\$750	\$1,500	\$2,500	\$3,500	\$4,500	\$5,500	\$6,500	\$8,000	\$10,000
E	FOR-PROFIT <i>Consultants, Corporations, etc.</i>									
	\$500	\$1,000	\$2,000	\$3,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$20,000

Dues renew on anniversary date

Which category best describes your organization?

A. ANCHORS

- Library or Library System
- K-12 School or District
- Higher Education, College, or University Org
- Health Clinic, Hospital, or Health System
- Public Media

- Higher Education Association
- Health Association
- Public Interest Group
- Foundation

B. BROADBAND OFFICES

- Local Government Dept or Agency
- State Government Dept of Agency

D. NON-PROFIT BROADBAND SERVICE PROVIDERS

- Telehealth Network
- Research and Education Network
- Non-Profit Broadband Provider

C. ASSOCIATIONS

- Library Association
- K-12 School Association

E. FOR-PROFIT

- Commercial Provider
- Consultant or Consulting Firm

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

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

I AFFIRM THAT THE STATEMENTS MADE ABOVE ARE ACCURATE:

Signature

(Typed signature is acceptable.)

Date