

# Membership Application

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

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**Name of Business Organization**

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**Name of Contact Person**

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**Primary Address**

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**City**

**State**

**Zip**

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**Phone**

**Fax**

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**Email**

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**Web Address**

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**Business Description**

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**Dues Classification:**

**Dues**

\_\_\_ **Associate**

**\$500**

\_\_\_ **Partner**

**\$1000**

\_\_\_ **Ambassador**

**\$2000**

\_\_\_ I want to be involved with the Scott/Mid America Leadership Council!  
Please call me with more information.

Return form with payment to:

**Scott/MidAmerica Leadership Council**

3 West Main Street

Mascoutah, IL 62258

Phone: 618- 566- 2967

Fax: 618- 566- 4897

Email: info@smalc.org