

SMARTER

Organizational Membership Application Form (Please print clearly or type)

Name of Agency/Organization _____

Address _____

City _____ State _____ ZIP + 4 _____ - _____

Contact Person _____		_____	_____	_____	_____
	First	Middle Initial	Last	Position Within Agency/ Organization	
Telephone (_____) _____ - _____	Extension _____		; (_____) _____ - _____		
	Daytime			Evening (optional)	
Facsimile (_____) _____ - _____	Cellular telephone (_____) _____ - _____				
E-mail _____	Web URL _____				

Contact information will remain confidential. May we use the above to send you alerts and releases? YES NO

Affiliate safety-advocacy and/or motorcycle organizations applying organization belongs to, supports, or partners with _____

State your organization's mission and briefly describe its complementary compatibility to SMARTER _____

How did you hear about us? _____
Safety-advocate agency? Web search? Press release? E-mail alert? Other?

Organizational Membership: Nonprofit corporations, governmental units, traffic-safety associations or professional associations whose missions are compatible with SMARTER's are eligible to apply for organizational membership. The SMARTER board will evaluate all organization applications and may reject any application based on the applying organization's incompatibility with SMARTER principles. To be accepted, an organization's membership must complement our mission of motorcyclist safety advocacy such that combining the resources of our respective organizations to advance a common goal would result. Organizational memberships are \$100 per year September 1 to August 31. Extended enrollment period for new memberships received after May 1. All memberships are renewable by September 1 to maintain uninterrupted membership status. Applicable fee must accompany completed organization application and will be returned if the application is rejected. E-mail inquiries to info@smarter-usa.org prior to submitting an application are encouraged.

Supporting Membership: Support from all individuals or from for-profit corporations whose principles are compatible with the mission of *SMARTER* is encouraged. Various levels of support are available. Please contact *SMARTER* by sending an e-mail message to info@smarter-usa.org to discuss with an officer your interest in a supporting membership.

Donation Dollars: Additional contributions of any amount beyond the requisite membership fee are gratefully accepted, but, while we are transitioning to become a 501(c)(3) corporation, are not currently tax deductible.

We want to help. Also included is our contribution of \$ _____, for a total amount enclosed of \$ _____.

Mail your completed application form along with your check for the applicable membership fee, payable to *SMARTER, Inc.*, to:

SMARTER
P.O. Box 121
Scottville, MI 49454-0121

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For **office use only**

Date rec'd _____ Amt rec'd _____ Check No. _____ Dated _____

Member ID No. _____ Exp date _____ AccDb _____ E-mail _____ USPS _____

Type of membership accepted: Organizational ___ Supporting ___ Additional Donation Dollars _____

Member identification number assigned _____ Expiration date _____