



CORPORATE AND INDIVIDUAL MEMBERSHIP FORM
Sign me up for membership (choose level below)

- | | | | |
|-----------------------------------|--------|--|-------|
| <input type="checkbox"/> Producer | \$1000 | <input type="checkbox"/> Principal Performer | \$100 |
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| <input type="checkbox"/> Designer | \$250 | <input type="checkbox"/> Ensemble Member | \$25 |

Name _____

Address _____ City _____ ST _____ ZIP _____

#1 Preferred Phone _____ (H __ W __ M __)

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Email _____

CHECK VISA MC

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Checks should be made payable to:

NIETF

PO BOX 503

Crown Point, IN 46308-503

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