



Membership Application

Name: Mr. Mrs. Ms. _____

Title: _____

Company/Organization: _____

Mailing Address: _____

E-Mail Address: _____

Phone: _____ FAX: _____

Type of Membership: _____ Full _____ Associate (Name of primary member _____)

Briefly describe the primary functions of your organization: _____

Briefly describe your economic development experience: _____

What are your expected benefits from membership in MODE? _____

What issues are of primary concern to you in the field of economic development? _____

Upon approval of my membership, I hereby agree to abide by the by-laws as adopted by the Mid-Ohio Development Exchange. I further understand that if my full membership application is denied, I will receive a refund equal to the full membership amount less an associate membership fee.

Name

Date