



2018 MEMBERSHIP APPLICATION FORM

Please email to: sgibson@willwp.org

Public Information:				
Name:			Date	
Title:				
Company:				
Company Address:			City	State OR
Zip	Phone		Fax	E-mail
		Company Website		
<i>NOTE: We will plan use this as our primary contact for you</i>				
Secondary Contacts or Representatives:				
Name:		E-mail:		Phone:
Name:		E-mail:		Phone:
Name:		E-mail:		Phone:
Industry Sector (check one)			Primary Product	
<input type="checkbox"/> Food Processing Manufacturer <input type="checkbox"/> Metals Manufacturer <input type="checkbox"/> Machine Manufacturer <input type="checkbox"/> Wood Products Manufacturer <input type="checkbox"/> Other Manufacturer: (Type) _____ <input type="checkbox"/> Education (Associate Membership) <input type="checkbox"/> Government (Associate Membership) <input type="checkbox"/> Other: _____				
Years in business locally:	# of local employees:	Other business sites:		
<input type="checkbox"/> I understand that as a member of the Mid-Willamette High Performance Consortium I will be actively engaged in finding solutions. <input type="checkbox"/> I agree to have a representative present at 75% (3) of the quarterly meetings. <input type="checkbox"/> I agree to give notice to the facilitator if a representative cannot attend a meeting. <input type="checkbox"/> I agree to participate by attending trainings, events, tours, special projects, and outreach programs when possible. <input type="checkbox"/> I agree to participate by providing space or staff resources to host meetings, tours, and events if possible. <input type="checkbox"/> I understand that industry members may be given priority over associate members when event space is limited. <input type="checkbox"/> I agree to support the mission and goals of the Mid-Willamette High Performance Consortium.				
_____ Signature Date				

