



Membership Application

Dear Prospective NCI Member:

To apply for membership, please complete the form below and return, with payment to:

The National Council for Innovation:
919 18th Street, NW Tenth Floor, Washington, D.C. 20006

PLEASE PRINT OR TYPE

Name: _____

Address: _____

Telephone: _____

City: _____

State: _____

Zip: _____

E-mail: _____

Occupation/Title: _____

Employer or Affiliated Institution: _____

Type of Membership:

___ Corporate/Non-Profit:

0-10 Foreign National Employees \$100.00/AN

10-50 Foreign National Employees \$200.00/AN

50-100 Foreign National Employees \$400.00/AN

100 and Above \$899.00/AN

___ Individual: \$30.00/AN

___ Academic Institution: \$100.00/AN

___ Governmental Institution \$100.00/AN

___ Qualifying Foreign Nationals: \$0.00/AN

Payment Method:

Check

Money Order

Credit Card (Visa, MasterCard, American Express, Discover)

Credit Card

Number: _____

Exp. Date: _____

Signature: _____

Return your completed application, and payment to:

The National Council for Innovation

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