



Corporate Membership Application

Name: _____

Organization: _____

Title: _____

Email: _____ Phone: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Salinas Valley Leadership Group Corporate is a two-year commitment, at \$4,500 a year. A minimum payment of first year dues is required at the time of enrollment, with the option to pay for a full two years up front.

A company check is attached or will be provided in the amount of _____.

I am authorizing my credit card be charged \$4,500 yearly, after which re-enrollment will be at my discretion

Credit Card Number: _____

Exp: _____ CVC: _____

Name on Card: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Below are the three (3) individuals I would like to designate as representatives with my Corporate membership: _____

Please complete form and send to:

Salinas Valley Leadership Group Corporate
c/o Chris Steinbruner
1172 S. Main Street, Suite 344
Salinas, CA 93901
admin@salinasvalleyleadershipgroup.com