



TCFA Membership Invoice

Name _____ Company _____

Address _____

City _____ State _____ Zip _____

Phone: _____ E-Mail: _____

Corporate Charter Number: 633508-2

Employer Identification Number: 27-0064218

Membership Type

- Active Member @ \$60.00
- Supplier Member @ \$60.00
- Educator Member @ \$24.00
- Corporate Memberships -----

1-4 Seats -	\$ 60/year per person
<input type="checkbox"/> Number of Seats _____	5-9 Seats - \$ 55/year per person
	10-14 Seats - \$ 50/year per person
	15-19 Seats - \$ 45/year per person
	20 or more Seats - \$ 40/year per person

Amount Due - \$ _____

Date Membership Effective

Membership effective from Jan. 1, 2010 to Dec. 31, 2010

Make checks payable, and mail to:

**Twin Cities Flexo Association
6568 157th Street W. #302A
Apple Valley, MN 55124**