



**G**reater  
rochester**R**  
**D**iversity  
council

MEMBERSHIP APPLICATION

Company Name \_\_\_\_\_

Person Responsible for Diversity \_\_\_\_\_

Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Chief Executive (or top local official) \_\_\_\_\_

Please identify your type of organization:

Manufacturing

Banking and Finance

Education

Healthcare

Service

Not for Profits

Retail

Other (please specify) \_\_\_\_\_

Please specify the size of your organization:

Large Employer (1,000 or more employees) annual dues = \$1,500.00

Medium Employer (500 - 999 employees) annual dues = \$ 800.00

Small Employer (499 or less employees) annual dues = \$ 250.00

Individual Contributor\* annual dues = \$ 200.00

*\*Not eligible to obtain a voting seat on board.*

