

Southwest Alaska Municipal Conference

(Please submit this form with payment.)

Membership Renewal/Updated

New Membership

Name _____

Title _____

Organization _____

Address _____

Telephone _____ Fax _____

Email (**VERY IMPORTANT**) _____

Website URL/Address: _____



Membership Category and Dues

Municipal (City/Borough) **Population** **Dues:**
Under 150 \$ 50
150 - 499 \$ 130
Over 500 \$.65/person
(based on DCCED population statistics)

Associate Members Please remit the following amount based on your company's gross revenues for the previous year:

Gross Revenues:	Dues:
Less than \$ 100,000	\$ 130
\$100,000 - \$499,000	\$ 260
\$500,000 - \$999,999	\$ 300
\$1,000,000 or more	\$ 390

Non-Profit Organizations, Tribal/Traditional Councils, Schools, Universities, etc.

Annual Budget of:	Dues:
Less than \$200,000	\$ 130
\$200,000 - \$499,999	\$ 200
\$500,000 - \$999,999	\$ 260
\$1,000,000 or more	\$ 300

AMOUNT REMITTED \$ _____

Please make check payable to:

SWAMC

3300 Arctic Blvd., #203

Anchorage, AK 99503

Fax: (907) 562 - 7380

Credit Card #: _____

Expiration Date: _____

Visa: _____ or MC: _____

Name as it appears on your card: _____

The terms of membership are from July 1, 2008 through June 30, 2009. If we have placed your organization in the wrong billing category, please update the information. Thanks for your membership investment and support!