



MEMBERSHIP FORM

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE/PROV.: _____ ZIP/POSTAL: _____

COUNTRY: _____ EMAIL ADDRESS: _____

HOME PHONE: (____) _____ CELL PHONE: (____) _____

YEAR YOU WERE BORN: _____ SEX: (PLEASE CIRCLE): **M** **F**

OCCUPATION: _____

MARITAL STATUS: (PLEASE CIRCLE): **MARRIED** **SINGLE**

NUMBER OF CHILDREN (PLEASE CIRCLE): **0** **1** **2** **3** **4+**

WOULD YOU LIKE TO BE INCLUDED IN OUR NEXT INSPIRE EMPIRE THINK TANK OR RESEARCH PROJECT? (PLEASE CIRCLE): **Y** **N**

PLEASE CHECK ANY THAT INTEREST YOU:

- | | |
|---|--|
| <input type="checkbox"/> THINK TANK | <input type="checkbox"/> INSPIRE AWARDS |
| <input type="checkbox"/> TOOLS & TRAINING | <input type="checkbox"/> CONTRIBUTOR TO IE |
| <input type="checkbox"/> EVENTS | <input type="checkbox"/> NEWSLETTER |
| <input type="checkbox"/> MERCHANDISE | <input type="checkbox"/> OTHER: _____ |

WHAT IS YOUR DEFINITION OF INSPIRATION?

WHAT INSPIRES YOU THE MOST?
