



Business Membership Application

Contact Information

Business name _____

Contact name _____

Email _____ Phone _____

Address _____ City/State/Zip _____

Member Level

\$5,000

\$2,500

\$1,000

\$500

\$250

\$100

In-Kind Dention

In-Kind Donation: description/\$ value if applicable

Payment

Check - *payable to* FRIENDS OF THE SMOKIES - *mail to* PO Box 1660, Kodak, TN 37764-7660

Credit card (Visa/MC/Amex) # _____ Exp date _____

Securtiy Code _____

Authorizing signature

Date