

Application for Capital Quality Initiative Membership

Directions: Please fill out this application form and return it to Lansing Community College, 6000W - Capital Quality Initiative, PO Box 40010, Lansing, Michigan, 48901-7210. If you have questions about this form or about the activities of Capital Quality Initiative, please call 517-483-1363 or FAX 517-483-9927. **Notice that you may request that you be kept on the mailing list for a time without becoming a member.**

Membership in Capital Quality Initiative is open to any member of the public who is interested in becoming involved in continuous quality improvement. Membership is for one year following the date of enrollment. Your membership fee is for the general support of CQI and its efforts to inspire and assist organizations to become more effective by providing learning opportunities in quality management philosophy and practices. Other benefits include access to our resource center, participation in member discussion groups, reduced cost for CQI-sponsored breakfasts and other events, a quarterly newsletter, and a member directory.

<p>Please print or type in the space provided.</p> <p>Mr. Ms. Last Name _____</p> <p>First Name _____</p> <p>Organization _____</p> <p>Job Title / Function _____</p> <p>Mailing Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Daytime Phone _____ FAX _____</p> <p>E-Mail Address _____</p> <p><input type="checkbox"/> * Please send meeting notices by E-Mail (Links to a web site and Adobe Acrobat files)</p> <p><input type="checkbox"/> I give permission <input type="checkbox"/> I do NOT give permission - to use contact information on this form in a member directory.</p> <p>Signature _____ Date ___/___/___</p>	<p>Please check one:</p> <p><input type="checkbox"/> Organizational Membership <input type="checkbox"/> Nonprofit/Charitable Organizational Membership <input type="checkbox"/> Individual Membership <input type="checkbox"/> I do not wish to become a member at this time, but please keep me on your mailing list at the address listed.</p> <p>Please check your level of interest and your desire to participate in network groups.</p> <p><input type="checkbox"/> General CQI Membership <input type="checkbox"/> Network Group Participation <input type="checkbox"/> Please contact me about serving on a CQI Committee</p> <p>Networks:</p> <p><input type="checkbox"/> ISO 9000 <input type="checkbox"/> Quality Discussion <input type="checkbox"/> Quality Tool Box <input type="checkbox"/> Human Resources / Organizational Development <input type="checkbox"/> Lean Manufacturing/Operations <input type="checkbox"/> Baldrige / Performance Excellence <input type="checkbox"/> Other, to be organized: Identify area of interest <input type="checkbox"/> I am willing to assist in leading this new network group.</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>
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<p><input type="checkbox"/> \$1500 Platinum Sponsorship (Includes organizational membership) _____</p> <p><input type="checkbox"/> \$1000 Gold Sponsorship (Includes organizational membership) _____</p> <p><input type="checkbox"/> \$600 Silver Sponsorship (Includes organizational membership) _____</p> <p><input type="checkbox"/> \$350 Bronze Sponsorship (Includes individual membership) _____</p> <p><input type="checkbox"/> \$350 Breakfast Sponsorship (Includes two reservations for that breakfast) _____</p> <p><input type="checkbox"/> \$150 Organizational Membership - ALL members/employees of your organization may claim member benefits. The additional sheet is provided for those wishing to receive direct mailings. You may select U.S. mail or E-mail option. Or, you may choose to receive e-mail to one address (check box above*) and do the forwarding internally. _____</p> <p><input type="checkbox"/> \$50 Nonprofit/Charitable Organizational Membership _____</p> <p><input type="checkbox"/> \$25 Individual Membership _____</p> <p><input type="checkbox"/> _____ (how many) breakfast punch cards @ \$250 each _____</p> <p><input type="checkbox"/> My check made payable to "Lansing Community College" is enclosed TOTAL ENCLOSED: _____</p> <p>Please charge my credit card <input type="checkbox"/> Master Card <input type="checkbox"/> VISA</p> <p>Name on Card _____ Card no. _____ - _____ - _____ Exp. Date _____</p>
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For Organizational Members Only: Additional individuals in your organization desiring direct mailings:

(**ALL** members of your organization are entitled to benefits of membership.)

E-mail contact (No maximum. Please provide e-mail address for each.)

U.S. Mail mailings (Maximum 9 additional persons, 2 additional for Non-Profits. Please provide mailing address.)

E-Mail Addresses:

1. Name _____

e-mail _____

2. Name _____

e-mail _____

3. Name _____

e-mail _____

4. Name _____

e-mail _____

5. Name _____

e-mail _____

6. Name _____

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8. Name _____

e-mail _____

9. Name _____

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10. Name _____

e-mail _____

11. Name _____

e-mail _____

Add page as needed.

1.

Mr. Ms.

Last Name _____

First Name _____

Job Title / Function _____

Mailing Address _____

City _____ State ____ Zip _____

Daytime Phone _____

2.

Mr. Ms.

Last Name _____

First Name _____

Job Title / Function _____

Mailing Address _____

City _____ State ____ Zip _____

Daytime Phone _____

3.

Mr. Ms.

Last Name _____

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Job Title / Function _____

Mailing Address _____

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Last Name _____
First Name _____
Job Title / Function _____
Mailing Address _____
City _____ State ____ Zip _____
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Job Title / Function _____
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Daytime Phone _____