



### ***Training Membership Form***

Date \_\_\_\_\_

Organization \_\_\_\_\_

Primary Contact \_\_\_\_\_ Title \_\_\_\_\_

Secondary Contact \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Website \_\_\_\_\_ # of Employees \_\_\_\_\_

***Membership for Training Program (please circle)***

- **Alliance** *(choose level)*      Supporter      Executive      Director      Investor

***Payment Information:***

**Credit Card** *(please circle)*

MasterCard

Visa

Name on Card \_\_\_\_\_

Billing Address *(if different then above)* \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Check** *(Make check payable to the "EDC")*

Send to: The Economic Development Center  
RE: Training Membership  
5988 Mid Rivers Mall Drive, St. Charles, MO 63304.

**Please fax this form to 636-441-6881 attention Kerin Abbey or email it to  
kabbey@edcsc.com.**

*For more information or questions, please contact Kerin Abbey at 636-441-6880 x230 or email  
[kabbey@edcsc.com](mailto:kabbey@edcsc.com).*

***Thank you and Welcome!***