

SMARTER

Organizational Membership Application Form

(Please print clearly or type)

Name of Agency/Organization _____

Address _____

City _____ State _____ ZIP + 4 _____ - _____

Contact Person _____			
First	Middle Initial	Last	Position Within Agency/ Organization
Telephone (_____) _____ - _____ Extension _____ ; (_____) _____ - _____ Daytime Evening (optional)			
Facsimile (_____) _____ - _____ Cellular telephone (_____) _____ - _____			
Email _____ Web URL _____			

Contact information will remain confidential. May we use the above to send you alerts and releases? YES NO

Affiliate safety-advocacy and/or motorcycle organizations applying organization belongs to, supports, or partners with _____

State your organization's mission and briefly describe its complementary compatibility to SMARTER _____

How did you hear about us? _____
Safety-advocate agency? Web search? Press release? Email alert? Other?

Organizational Membership: Nonprofit corporations, governmental units, traffic-safety associations or professional associations whose missions are compatible with SMARTER's are eligible to apply for organizational membership. The SMARTER board will evaluate all organization applications and may reject any application based on the applying organization's incompatibility with SMARTER principles. To be accepted, an organization's membership must complement our mission of motorcyclist-safety advocacy such that combining the resources of our respective organizations to advance a common goal would result. Organizational memberships are \$100 per year September 1 to August 31. Applications received after May 1 expire the following year. All memberships are renewable by September 1 to maintain uninterrupted membership status. Applicable fee must accompany completed organization application and will be returned if the application is rejected. Email inquiries to smarterusa@gmail.com prior to submitting an application are encouraged.

Supporting Membership: Support from all individuals or from for-profit corporations whose principles are compatible with the mission of *SMARTER* is encouraged. Various levels of support are available. Please contact *SMARTER* by sending an email message to smarterusa@gmail.com to discuss with an officer your interest in a supporting membership.

Donation Dollars: Additional contributions of any amount beyond the requisite membership fee are gratefully accepted. No goods or services will be received in exchange for your contribution. *SMARTER* is a nonprofit, tax-exempt public charity under Section 501(c)(3) of the Internal Revenue Code. Your donation is tax deductible as allowed by law. Please allow 30 days for acknowledgement and receipt.

☐ We want to help. Also included is our contribution of \$_____, for a total amount enclosed of \$_____.

**Mail your completed application form along with your check
for the applicable membership fee, payable to *SMARTER, Inc.*, to:**

SMARTER
P.O. Box 80050
Stoneham, MA 02180

**Or follow the posted directions for scanning and emailing your
Application and using PayPal for payment of dues.**

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For office use only

Date rec'd _____ Amt rec'd _____ Check No. _____ Dated _____

Member ID No. _____ Exp date _____ AccDb _____ Email _____ USPS _____

Type of membership accepted: Organizational ____ Supporting ____ Additional Donation Dollars _____