



Membership Enrollment Form

Directions: Print out, complete, and submit this form to the address below.

Keystone Alliance for Performance Excellence
590 Centerville Rd., #260
Lancaster, PA 17601
Phone: (717) 737-6470
Fax: (717) 685-3226
Email: info@keystonealliance.com

Date: _____

Please Choose One:

- Individual Membership \$95 per year
- Organization Membership (select level)
 - 0 -50 employees \$1000 per year
 - 51 - 500 employees \$2000 per year
 - Over 500 employees \$5000 per year
- Sponsor Membership (select level)
 - Ambassador \$10,000 per year
 - Leader \$20,000 per year
 - Partner \$50,000 per year

Contact: _____ Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Ext. _____ Fax: _____

Email Address: _____

Check: (Please make payable to: Keystone Alliance for Performance Excellence)

Check # _____ Amount: _____

Signature: _____