



2025 Membership Form

In the event you prefer to pay via check rather than using the link provided, please complete the below information and mail payment as indicated below.

2025 Membership Levels	Select	Amount
*Leadership Circle	<input type="checkbox"/>	\$5,000
*Premium	<input type="checkbox"/>	\$3,500
Associate	<input type="checkbox"/>	\$2,500
Patron	<input type="checkbox"/>	\$1,000
Supporter	<input type="checkbox"/>	\$ 250
Individual Member	<input type="checkbox"/>	\$ 100

Organization: _____

Mailing Address: _____

Type of Organization: _____ Number of current Employees: _____

Website: _____

Primary Contact Name/Title: _____

Primary Contact Phone: _____

Primary Contact Email: _____

**If you are enrolling at the Leadership Circle or Premium Level, please provide a high-resolution logo to: info@edcwc.org*

Please make checks payable to EDC and mail this form with your payment to:
EDC Warren County
11 South Street, Suite 201
Glens Falls, NY 12801

Please Invoice to address above by 1/1/25