



ALUMNI MEMBERSHIP PROGRAM

Registration Form

*Required Fields

*Name _____

Title _____

Organization _____

*Mailing Address _____

*Mailing Address (cont'd) _____

*City, State, Zip _____

*Phone _____

Fax _____

*Email _____

your membership confirmation will be sent to this email address

*City/State of Your Training _____ not sure of location? _____

*Month/Year of Your Training _____ not sure of date? _____

Alumni from workshops prior to 2001 should contact The Center at alumni@tgci.com

My Membership account has **expired**.
Please re-activate my Membership for:

- 1 year for \$375
- 2 years for \$575
- 3 years for \$725

My Membership account is **still active**.
Please renew my Membership for:

- 1 year for \$250
- 2 years for \$450
- 3 years for \$595

Please indicate method of payment:

Check # _____ or Purchase Order # _____
payable to The Grantsmanship Center

Credit Card # _____ Expires _____
Visa or Mastercard only

Name on Card (PLEASE PRINT) _____

Signature _____

Please print out this form and send with payment to:

The Grantsmanship Center Membership Program
P.O. Box 17220
Los Angeles, CA 90017

Credit card orders may be faxed to (213) 482-9863

Questions? E-mail us at alumni@tgci.com or call (213) 482-9860