

  
**WALLER COUNTY**  
ECONOMIC DEVELOPMENT PARTNERSHIP  
**WCEDP Membership Application**

Join Date: \_\_\_\_\_

Member name: (organization or individual)

\_\_\_\_\_

\* Membership Type:    Associate Member (1250.00)    \*\*Trustee Member (3000.00)

\* Memberships are for one year and renewed upon your anniversary date.

\*\* Trustee members also have a position on the board of directors.

Contact (if representing an organization): \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Web site (if available): \_\_\_\_\_

Primary Group Classification (please select one)

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Business   | <input type="checkbox"/> Health Care             |
| <input type="checkbox"/> EDC Group  | <input type="checkbox"/> Utility providers       |
| <input type="checkbox"/> Education  | <input type="checkbox"/> Individual              |
| <input type="checkbox"/> Government | <input type="checkbox"/> Non-Profit Organization |

If an individual, I give WCEDP permission to publish my membership information on the web site and other publications which may include member information. If you choose not to have your information published, please leave blank.

By becoming a member, you agree to abide by the WCEDP bylaws and to represent the WCEDP with integrity and the highest ethical standards.

Signed: \_\_\_\_\_

Please mail completed application and dues to:  
WCEDP  
519 9th St Suite A.  
Hempstead, TX 77445