



# 2025 BUSINESS PARTNER MEMBERSHIP

## MEMBERSHIP LEVEL

Please select a level

- PLATINUM      \$5000
- SILVER              \$1000
- GOLD                  \$2500
- COMMUNITY\*      \$ 250  
\*for governmental taxing bodies only

## REGISTRATION FORM

### ORGANIZATION INFORMATION

Organization :

Address :

City, State, Zip :

Organization :  Website URL :

Phone :

### CONTACT INFORMATION

Primary Contact Name :  Secondary Contact Name :

Primary Contact Title :  Secondary Contact Title :

Primary Contact Email :  Secondary Contact Email :

### BILLING CONTACT

Billing Contact Name :  Billing Contact Email :

Billing Contact Title :  Billing Contact Phone :

*Memberships run from January 1 - December 31 and are invoiced annually. Payment options include credit card, ACH or check. Preferred method of payment is either ACH or check - Payable to Metro West Council of Government. For more information please contact Susan Russell at [srussell@metrowestcog.org](mailto:srussell@metrowestcog.org)*