



Community Choices. Regional Solutions.

### Consortium Member Application

\_\_\_\_\_ pledges its support to the Piedmont Together Project.  
*(name of department, agency or organization)*

I have reviewed Piedmont Together’s regional vision and Comprehensive Regional Plan and agree in concept with the vision and goals set forth for the Piedmont Triad region. As a Consortium member, I will gain the opportunity to participate in or benefit from projects or work funded by Piedmont Together and a voice in the future of our region. By becoming a member, I pledge:

- to support Piedmont Together and promote the regional Vision;
- link my organizations web page to Piedmont Together’s;
- agree to allow Piedmont Together to list us as a supporting member; and
- pledge the following support to the project: (Check all that may apply)

I hereby appoint \_\_\_\_\_ to represent the  
*(name of appointee)*  
\_\_\_\_\_ on the Piedmont Together Consortium Committee.  
*(name of department, agency or organization)*

I hereby pledge monetary support for project activities and authorize the project manager to contact me to discuss the details.

I hereby will provide In-kind technical assistance for a project activity and authorize the project manager to contact me to discuss the details.

I hereby will donate meeting supplies including refreshments and/or meeting space for project and Consortium meetings to take place and authorize the project manager to contact me to discuss the details.

Signature: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

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

Name: \_\_\_\_\_

Consortium Member Appointment, if different

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

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

Mailing Address: \_\_\_\_\_

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

\_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

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

