

Section 1. Billing Point of Contact Information:

Full Name: _____ Title: _____
 Organization/Company: _____
 Email: _____ Phone: _____
 Mailing Address: _____
 City/State/Zip: _____

Section 2. Please Identify Your Primary Tribal-ISAC Membership Holder:

Full Name: _____ Title: _____
 Email: _____ Phone: _____

(If GROUP or ALL-IN, a TribalHub representative will contact you for the additional names and Primary/Voting Member selection)

Section 3. Please Select Your Tribal-ISAC Membership Level/Type:

	Current TribalHub Members	Non-Members of TribalHub
INDIVIDUAL	Option A \$1,500	Option D *\$2,295
GROUP	Option B \$2,000	Option E *\$3,595
ALL-IN	Option C \$3,000	Option F *\$6,995

(payment is due within 30 days)

Subtotal: _____ Less Discount (if applicable): _____ Total Due: _____

**Pricing includes both Tribal-ISAC & TribalHub Membership*

Section 4. Acceptance and Signature:

Please indicate your agreement to each of the following:**

- **I/We agree to payment total and terms from Section 3 above
- **I/We understand that a signed Member Agreement is required to activate Tribal-ISAC membership
- **I/We agree Tribal-ISAC is permitted to use my/our organization name per Section 4 of Member Agreement
- **I am authorized to sign this on behalf of myself and my organization

If you selected Options D, E or F from Section 3, then please indicate your agreement to each of the following:**

- **I/We agree to TribalHub's Privacy Policy
- **I/We agree to TribalHub's standard Terms and Conditions
- I/We agree to be added to the TribalHub Community (community.tribalhub.com)

Signature: _____ Date: _____