**MT INVEST Community Employment**

**Organizational Membership Form**

**Email completed form to** [**gbrandenburg@ctatllc.com**](mailto:gbrandenburg@ctatllc.com)

**Check one annual package:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Package 1** | **1 – 6 participants** | **$400** |
|  | **Package 2** | **7 – 12 participants** | **$750** |
|  | **Package 3** | **13 – 20 participants** | **$1225** |
|  | **Package 4** | **21 + participants** | **$1900** |

Organization Name:

Address:

(Street) (City) (State) (Zip)

Contact Person: Title:

(First) (Last)

Phone: ( ) E-mail:

\*\*Please email individual registrations for each participant from your organization and they will be contacted with login information.

**Make check payable to: CTAT, LLC FEIN #47-4138161**