Greenleaf
Center for Servant-Leadership

It begins with the natural feeling
that one wants to serve, to serve first.
Then conscious choice brings one to aspire to lead....

Membership Form
(Organization)

Organization: _____
Website: _____
Street Address: _____
City: _____ State/Province: _____
Zip/Postal Code: _____ Country: _____
Telephone: _____

Membership Category (check one):

☐ Non-Profit Organization Annual Dues: $250

☐ For-Profit Organization Annual Dues: $500

Payment Method:

☐ I am enclosing a check (payable in U.S. dollars).

☐ I would like to charge my credit card:

Card type: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover
Card Number: _____ Expiration Date: _____
Name on card: _____
Authorizing signature: _____

****Please also complete the following page to designate individuals to receive information. Thanks for supporting the servant leadership movement!**

Please send this form to:
The Greenleaf Center for Servant Leadership
770 Pawtucket Drive
Westfield, IN 46074
U.S.A.
Welcome to the Greenleaf Center!

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Please designate the four individuals in your organization who will receive the correspondence from the Greenleaf Center.

Primary Servant Leader (Organizational Contact):
Title: _____
First Name: _____ Middle Initial: ____ Last Name: _____
Organization: _____
Email: _____
Street Address: _____
City: _____ State/Province: _____
Zip/Postal Code: _____ Country: _____
Telephone: _____ Mobile: _____

Additional Servant Leaders:
Title: _____
First Name: _____ Middle Initial: ____ Last Name: _____
Organization: _____
Email: _____
Street Address: _____
City: _____ State/Province: _____
Zip/Postal Code: _____ Country: _____
Telephone: _____ Mobile: _____

Title: _____
First Name: _____ Middle Initial: ____ Last Name: _____
Organization: _____
Email: _____
Street Address: _____
City: _____ State/Province: _____
Zip/Postal Code: _____ Country: _____
Telephone: _____ Mobile: _____

Title: _____
First Name: _____ Middle Initial: ____ Last Name: _____
Organization: _____
Email: _____
Street Address: _____
City: _____ State/Province: _____
Zip/Postal Code: _____ Country: _____
Telephone: _____ Mobile: _____