Membership Application

Leading IT Service & Support

5 Easy Ways to Join

Join Online:
www.ThinkHDI.com/join

Fax:
719.268.0184

Phone:
Call 800.248.5667

Email:
support@ThinkHDI.com

Mail:
HDI
102 South Tejon Street, Suite 1200
Colorado Springs, CO 80903

Primary Membership Level **Total**

- ❑ Platinum Plus **BEST VALUE** = $1,495 ($1,595 USD for International Members) .... _____
- ❑ Platinum = $595 ($695 USD for International Members)..... _____
- ❑ Gold = $395 ($495 USD for International Members)..... _____
- ❑ Silver = $150 ..... _____

Additional Memberships

- ❑ Add-on "Web Only" individual membership, $50 each..... ____ x $50 = _____
  (Available only with Platinum Plus and Platinum memberships)
- ❑ Add-on GOLD individual membership, $295 each…..... ____ x $295 = _____
  (Available only with Platinum memberships)

Total Due _____

Payment Information

❑ **Please charge my:** ❑ Visa ❑ MasterCard ❑ American Express

Card #: _____ Exp. Date: _____

Name on Card: _____

❑ **Check Enclosed** (Make payable to HDI) ❑ **Bill Me** (Invoice)

Primary Member

First Name: _____ **Last Name:** _____

Title: _____ Company: _____

Address: _____ Suite/Bldg: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Additional Members

Platinum Plus includes four additional GOLD memberships. Gold includes two "web only" memberships.

First Name: _____ **Last Name:** _____

Member Level: _____ Phone: _____ Email: _____

Title: _____ Same address as primary member? ____ Yes ____ No

If no, Address: _____ Suite/Bldg: _____

City: _____ State: _____ Zip: _____

First Name: _____ **Last Name:** _____

Member Level: _____ Phone: _____ Email: _____

Title: _____ Same address as primary member? ____ Yes ____ No

If no, Address: _____ Suite/Bldg: _____

City: _____ State: _____ Zip: _____

First Name: _____ **Last Name:** _____

Member Level: _____ Phone: _____ Email: _____

Title: _____ Same address as primary member? ____ Yes ____ No

If no, Address: _____ Suite/Bldg: _____

City: _____ State: _____ Zip: _____

First Name: _____ **Last Name:** _____

Member Level: _____ Phone: _____ Email: _____

Title: _____ Same address as primary member? ____ Yes ____ No

If no, Address: _____ Suite/Bldg: _____

City: _____ State: _____ Zip: _____