



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

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 (This person will receive all publications, general correspondence and communications from TML)

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Type of service, product, or organization: \_\_\_\_\_

\_\_\_\_\_

*Applicants must meet TML participation criteria.*

Membership Level:	★★★★★	_____ Greater than \$15,000.
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	★★	_____ \$ 2,500.
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*Please return this form and your membership fees to:* Tennessee Municipal League  
 Attn.: Debbie Kluth  
 226 Capitol Boulevard, Suite 710  
 Nashville, TN 37219

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[www.TML1.org](http://www.TML1.org) – direct: (615) 425-3908- [d.kluth@TML1.org](mailto:d.kluth@TML1.org) – fax (615) 255-4752