



MEMBERSHIP FORM

MEMBERSHIP TYPE

INDIVIDUAL (\$10) HOUSEHOLD (\$15) BUSINESS (\$25)

NAME(S): *(Household: List each household member; Business: List business name & each business owner/principal)*

ADDRESS: _____

PHONE: _____

EMAIL: *(Please list email address of each household member or business owner)*

INTERESTS: *(CHECK ALL THAT APPLY)*

BEAUTIFICATION CITIZEN SAFETY EVENTS
COMMUNICATIONS MEMBERSHIP BUSINESS

MAIL THIS FORM WITH SIGNED CHECK PAYABLE TO "FRIENDS OF MIDTOWN" TO:
FRIENDS OF MIDTOWN, PO BOX 5291, HARRISBURG PA 17110-0291