



First Town
Downtown

Membership Form

Member Information (please print or type)

Name	
Company Name	
Billing address	
City	
State, ZIP Code	
Telephone	
Website (if business)	
Fax	
E-Mail	

Please accept my (our) First Town Downtown membership for the current fiscal year as follows:

Resident: Individual [\$30.00] Family [\$50.00]

Business: 1 – 25 Employees [\$85.00] 26 – 99 [\$150.00] 100 [\$275.00]

Payment Information

Credit card type	
Credit card number	
Expiration date	
Authorized signature	

Please also accept our additional donation in the amount of \$ _____ to support First Town Downtown and its programs.

Total amount enclosed (or to be charged to the above-named credit card): \$ _____.

Please make checks or other gifts payable to:

First Town Downtown, Inc.

P.O. Box 397 / 161A Broad Street
Windsor, CT 06095
860-247-8982