



## 2017 Membership Application - Resident

Thank you for your continued support and involvement with OTMRA. Please fill out the following 2017 resident membership application *in full* and submit with payment. This membership is valid through January 31<sup>st</sup>, 2018.

*Note(s): It is organizational policy to keep private the names and personal contact information of members.*

### Resident Membership Information:

Please check box:      **Single, 1-year – \$75**  
                                    **Family, 1-year – \$100**

**Resident Name(s)** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Preferred Phone Number** \_\_\_\_\_ **Preferred E-mail** \_\_\_\_\_

**Favorite Old Town Businesses (Past or Present)** \_\_\_\_\_

**How can we better serve you?** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you interested in serving as a **volunteer for various events**?  **Yes**  **No**




Are you interested in serving on a **Committee**?  **Yes**  **No**

### Please select a payment method:

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*All applications (including payment) should be mailed to:  
 OTMRA, 1543 N. Wells – Lower Level, Chicago, IL 60610 or emailed to [otmra@oldtownchicago.org](mailto:otmra@oldtownchicago.org)*

**Check or Money Order** (Make payable to: Old Town Merchants & Residents Association)

**PayPal Online** (Visit [www.oldtownchicago.org/membership](http://www.oldtownchicago.org/membership) to pay online)

**Credit Card** (you MUST fill out all the information below):            

Name (on card) \_\_\_\_\_ Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_