



2019 RESIDENT MEMBERSHIP APPLICATION

CONTACT INFORMATION

Resident Name: _____

Resident Address: _____

Resident Phone: _____

Resident Email Address: _____

Signature: _____

FCC regulations require your signature to confirm your permission for the OTMRA to communicate with you.

For Resident Family Memberships, please list the names of other members you would like included in your membership.

Favorite Old Town Businesses (Past or Present): _____

What do you hope to gain from your OTMRA Membership?

Are you interested in serving as a volunteer for various events?

Yes

No

Are you interested in joining OTMRA Committees?

Yes

No

BILLING AND PAYMENT

Single \$75

Family \$100

Billing Contact Name: _____

Billing Contact Address: _____

Billing Contact Phone: _____

Billing Contact Email: _____

PAYMENT OPTIONS:

via Website (www.OldTownChicago.org)

Check

Credit Card/Debit Card

Credit Card No.: _____

Expiration Date: _____ CVV Code: _____

Name on Card: _____

Signature: _____

OFFICE USE:

Date Received: _____

Membership Confirmed

Yes

No