



# BUSINESS & BUILDING MEMBERSHIP FORM

## CONTACT INFORMATION

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
 \_\_\_\_\_

Business Phone: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Primary Contact Title: \_\_\_\_\_

Primary Contact Email Address: \_\_\_\_\_

Primary Contact Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

FCC regulations require your signature to confirm your permission for the

## BUSINESS INFORMATION

Business Type (Restaurant, theater, health & wellness, etc): \_\_\_\_\_

Website URL: \_\_\_\_\_

Facebook: \_\_\_\_\_

Twitter: \_\_\_\_\_

Instagram: \_\_\_\_\_

When did you first open in Old Town?  
 \_\_\_\_\_

What do you hope to gain from your OTMRA Membership?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list the names of any other employees and their emails who you would like to receive our newsletter:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## BILLING AND PAYMENT

- New Business \$350
- Renewing Business \$300
- New Non-Profit \$150
- Renewing Non-Profit \$100
- New Residential Building \$400
- Renewing Residential Building \$350

Billing Contact Name: \_\_\_\_\_

Billing Contact Address: \_\_\_\_\_  
 \_\_\_\_\_

Billing Contact Phone: \_\_\_\_\_

Billing Contact Email: \_\_\_\_\_

### PAYMENT OPTIONS:

- via Website ([www.OldTownChicago.org](http://www.OldTownChicago.org))
- Check
- Credit Card/Debit Card
- Please Invoice Me

Credit Card No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

### OFFICE USE:

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

Membership Confirmed: