



RESIDENT MEMBERSHIP FORM

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.

If you are purchasing multiple memberships, please list the other names and emails of those persons:

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

T-Shirt Size: _____

BILLING AND PAYMENT

Single Residential Membership \$40 _____

New Residential Membership \$50 _____

Total Cost (#Memberships x \$40 or \$50): _____

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: