

Membership Application

Information:

Name: _____

Company Name: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____ Birthday: _____

Comment: _____

Levels: (based on number full time employees)

__ Sponsorship	\$500+	__ Non-profit:	\$75
__ Large Business: (9+)	\$300	__ Family:	\$45
__ Medium Business: (5-8)	\$200	__ Individual:	\$25
__ Small Business: (1-4)	\$100		

Yes, I am interested in volunteering.

Yes, I am interested in receiving e-mail updates about downtown.

Yes, I am interested in receiving a free 2-week trial subscription to the Times-Georgian Newspaper.

Total amount enclosed: _____

Thanks for your support!

Please return application and payment to: Main Street Program
115 Rome St
Carrollton, GA 30117