



MacArthur Boulevard Association Annual Membership Registration

INFORMATION:

Company/Individual Name: _____

Type of Business/Business Category: _____ # of Employees: _____

Mailing Address	Physical Address (if different from mailing address)
Street address/PO Box	Street address
City State Zip	City State Zip

Phone: _____ Fax: _____

E-mail: _____ Website: _____

Primary Contact Name: _____ Title: _____

Contact Phone: _____ Ext: _____ Email: _____

Referred by _____

Signature (owner/authorized individual): _____ Date: _____

MEMBERSHIP LEVEL

- Individual or Neighbor(s) **\$15/year**
- Family **\$25/year**
- Merchant, Business or Not-for-profit
not-for-profit or 1-4 employees: \$75/year 5-15 employees: \$100/year 15+ employees: \$150/year
- Patron or Sponsor **over \$500/year**
- Monthly Coffee Sponsor: add **\$50 per month sponsored**. Recognition in eNews, minutes, at meetings

Annual Contribution: \$ _____

Paid via (check one): Cash Check No: _____ Please send an invoice

Please make checks payable & mail to:

MacArthur Boulevard Association
PO Box 9558
Springfield, IL 62791-9558

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