

MEMBERSHIP FORM

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Website: _____

Phone: _____ Fax: _____

Primary Contact Name: _____ Title: _____

Primary Contact E-Mail: _____

How did you hear about CDA? _____

DUES PAYMENT

1. Select your payment level:

Annual Budget	Dues
_____ Less than \$100,000	\$100
_____ \$100,000-\$500,000	\$350
_____ \$500,001-\$1M	\$600
_____ \$1M-\$3M	\$900
_____ More than \$3M	\$1200
_____ Public Agency	\$500
_____ Corporate	\$500
_____ Individual	\$100

DONATION

2. If you wish to donate, please add an amount:

_____ Donation Amount \$_____

3. Total:

_____ Total Amount \$_____

4. Payment Information:

_____ Check
(Payable to the International Downtown Association)
_____ Visa _____ MasterCard _____ AmEx

(Credit Card Number)

_____/_____
(Expiration) (CVN)

(Name on Card)

(Signature)

Return completed form with payment to:

International Downtown Association

910 17th Street NW, Suite 1050

Washington, DC 20006

Questions? Email customerservice@downtown.org