

EASTWOOD COMMUNITY IMPROVEMENT CORPORATION MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name: (individual or firm representative)

Firm name:

Date of birth:

Phone: (mobile)

Phone: (home)

Email:

Current address:

City:

State:

ZIP Code:

EMPLOYMENT INFORMATION

Current employer:

Position:

How long?

Employer address:

City:

State:

ZIP Code:

Phone:

E-mail:

VOLUNTEER INFORMATION

Willing to be actively involved on various committees:

YES

NO

Willing to be Chairperson on various committees:

YES

NO

SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:

Date of birth:

Phone: (mobile)

Email:

SPOUSE EMPLOYMENT INFORMATION

Current employer:

Position:

How long?

Employer address:

City:

State:

ZIP Code:

Phone:

E-mail:

REFERENCES IF ANY FROM CURRENT MEMBERS OF EASTWOOD CIC

Name

Address

Phone

MEMBERSHIP ANNUAL FEES

Individual \$100 / each

Small business (1-10 employees) \$500

Joint (individual + spouse) \$150

Medium business (11-50 employees) \$1000

Groups / Organizations \$250

Large business (51 or more employees) \$2500

SIGNATURES

I authorize the verification of the information provided on this form

Signature of applicant:

Date: