



MEMBERSHIP FORM

BUSINESS NAME: _____

CONTACT NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

BUSINESS PHONE: _____ CELL: _____

EMAIL: _____

WEBSITE ADDRESS: _____

- Yes! Please include my business in the Conway Downtown Gift Certificate Program.

Become a Partner in Progress

- | | |
|---|--|
| <input type="checkbox"/> Benefactor | \$2,500 and up |
| <input type="checkbox"/> Platinum Partner | \$1,000 |
| <input type="checkbox"/> Gold Partner | \$500 |
| <input type="checkbox"/> Silver Partner | \$250 |
| <input type="checkbox"/> Bronze Partner | \$100 |
| <input type="checkbox"/> Friend | \$50 (Business names not accepted. Not eligible for façade grant.) |

Annual membership begins the day that payment is received.

Mail this form with your check to: Conway Downtown Alive
910 B Fifth Avenue
Conway, South Carolina 29526