

EAST TOWN ASSOCIATION
RESIDENT / INDIVIDUAL MEMBERSHIP APPLICATION

Date of Application: _____ / _____ / 20_____

Contact Information

Name: _____

Address: _____

City: Milwaukee, Wisconsin **Other:** _____

Zip Code: _____

Phone: (_____) _____ - _____

Email Address: _____

Things we want to know!

How did you hear about the East Town Association? _____

What is the main reason you are joining the East Town Association?

Payment Details

_____ Enclosed is \$50 for my membership.

_____ Enclosed is \$110 for a VIP Membership for 2. Please add the following names & emails to the database.

1) _____

2) _____

Your annual membership is valid 1 year from the date of submission
Thank you for being an Individual Member of the East Town Association
Please return to: ATTN Individual Membership, 825 N. Jefferson Street, Milwaukee, WI, 53202.