

# WESTSIDE ECONOMIC ALLIANCE

MEMBERSHIP APPLICATION



## ORGANIZATION INFORMATION

Name of Applicant Organization :

Mailing Address:

Street Address:   
(if different)

Membership Type :  Corporate \$1,100  Solopreneur \$350  Non-Profit \$250  Special District

## CONTACT INFORMATION

Your Name :

Title :

Email :

Work Phone :  Mobile Phone :

## COMMITTEE

Government Relations  Transportation  Membership  
 Land Use & Housing  Golf

## PAYMENT & BILLING INFORMATION

Billing Contact Name

Billing Email

Payment Method

Check  Credit Card

Recognizing the objectives of the Westside Economic Alliance, I agree to assist the Alliance in achieving its objectives and submit this application to the Board of Directors for review and approval.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Today's Date