

WESTSIDE ECONOMIC ALLIANCE

MEMBERSHIP APPLICATION



ORGANIZATION INFORMATION

Name of Applicant Organization :

Mailing Address:

Street Address:
(if different)

Membership Type : Corporate \$1,375 Solopreneur \$440 Non-Profit \$315 Special District \$2,000

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