2024 NEW MEMBER FORM - BUSINESS/CORPORATE MEMBERSHIP

Please complete the form below and email it to megan@westown.org. Once we've reviewed your application, we will follow up with an invoice for the appropriate member category.

BUSINESS/CORPORATE MEMBERSHIP				
COMPANY NAME				
MAILING ADDRESS	CITY	STATE	ZIP	
WEBSITE (IF APPLICABLE)	FACEBOOK/TWITTER/	FACEBOOK/TWITTER/INSTAGRAM HANDLES (IF APPLICABLE)		
The contacts you provide will receive Westown and invitations.	correspondences such d	ıs our newsletters,	event updates	
MAIN CONTACT	TITLE			
EMAIL ADDRESS	DIRECT PHONE			
SECONDARY CONTACT	TITLE			
EMAIL ADDRESS	DIRECT PHONE			
For independent businesses located in the West space that is (select one): 4,999 sq. ft. or les	s 5,000 sq. ft. or mo	ore	taurant or office	
For hotel or residential buildings - Total hotel ro	_			
How were you introduced to Westown Association Attended an event/meeting of the organizat				
News coverage	IOII			
Social media				
Recruited by Westown staff/board member:				
Referred by another member:				
Other:				

