

Community Partner Membership Application

1st Time Application Renewal for calendar year _____

Today's Date: _____

Name of Organization: _____

Describe the nature of your organization: _____

Name of Responsible Person/Contact: _____

Job Title: _____

Address: _____

Phone: _____

Email Address: _____

Additional Contact Names/Phone Numbers: _____

- \$50.00 Annual Membership Fee due at time of application.

- If application for membership is denied, the \$50.00 membership fee will be refunded/returned.

- Membership is valid January 1 through December 31, regardless of application date. Renewal applications do not need to go through the approval process unless the nature of your organization has changed.

-All regular City Hall/Memorial Building policies/procedures apply to Community Partners.

For Office Use Only:

Date Membership Application Received: _____

Received by: _____

Membership Fee Received \$ _____

Payment Type: check / cash / other

Check#/Receipt# _____

Notes:

Approved Denied

Reason for denial: _____

Date Approved/Denied: _____

Authorized Signature: _____

Approval/Denial sent to Applicant