

Southern Worcester County Community Development Corporation

Application for Membership v1 -09/22/08

Name					
Last Name	First Name	Middle Initial			
Organization				Title	
Address					
Address Line 1					
Address Line 2					
City		State		Zip	
Phone					
Preferred Phone		Home <input type="checkbox"/>	Cell <input type="checkbox"/>	Work <input type="checkbox"/>	
Phone 2		Home <input type="checkbox"/>	Cell <input type="checkbox"/>	Work <input type="checkbox"/>	
Phone 3		Home <input type="checkbox"/>	Cell <input type="checkbox"/>	Work <input type="checkbox"/>	
Fax					
Email					
Website					
Interests (Select all that apply)					
Family Wealth Creation	<input type="checkbox"/>	History, Arts and Culture	<input type="checkbox"/>		
Community Building	<input type="checkbox"/>	Housing	<input type="checkbox"/>		
Community Planning	<input type="checkbox"/>	Job Creation	<input type="checkbox"/>		
Economic Development	<input type="checkbox"/>	Open Space	<input type="checkbox"/>		
Education	<input type="checkbox"/>	Recreation	<input type="checkbox"/>		
Environment	<input type="checkbox"/>	Small Business Assistance	<input type="checkbox"/>		
Other (Please specify)					

Please consider my application for membership to the South Worcester County Community Development Corporation. I am 18 years old and want to contribute to the efforts to improve the region.

I agree to pay the \$10 yearly membership fee.

I respectfully ask for a waiver of this year's membership fee.

Signature	Date

Office Use Only	Accepted	Paid	Initial
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