



# Membership Form

## ▶ ORGANIZATIONAL INFORMATION

Organization \_\_\_\_\_ Organization Phone Number \_\_\_\_\_

Organization Email Address \_\_\_\_\_ Organization Mailing Address \_\_\_\_\_

President/ CEO \_\_\_\_\_ Type of Business \_\_\_\_\_ # of Employees \_\_\_\_\_

Minority-owned business	Woman-owned business	Black-owned business	Immigrant-owned business	Immigrant-owned business
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## ▶ MEMBER INFORMATION

Primary Member Name \_\_\_\_\_ Secondary Member Name \_\_\_\_\_

Primary Member Title \_\_\_\_\_ Secondary Member Title \_\_\_\_\_

Primary Member Email Address \_\_\_\_\_ Secondary Member Email Address \_\_\_\_\_

Primary Member Phone Number \_\_\_\_\_ Secondary Member Phone Number \_\_\_\_\_

<b>Leader</b>	<b>Supporting</b>	<b>Advocate</b>	<b>Friend</b>	<b>Non-Profit</b>
\$10,000	\$5,000	\$2,500	\$1,000	\$500

▶ Please email the completed form to:  
**Soula Burns**  
**Vice President of Fund Development & Partnership**  
 Soula.Burns@downtowndetroit.org  
 DOWNTOWNDETROIT.ORG

