

CONWAY DOWNTOWN PARTNERSHIP MEMBERSHIP FORM

Return Form To: *Conway Downtown Partnership*
900 Oak Street
Conway, AR 72032
Phone: (501) 548-9950 Fax: (501) 327-7790

Business: _____

Contact: _____

Address: _____

Phone: _____ *Fax:* _____

Email: _____

Yearly Membership: \$5,000 \$3,500 \$2,500 \$1,000 \$500

Payment Schedule: *Monthly* *Quarterly* *Yearly*

**3 year commitment required. All contributions tax deductible.*

Signature: _____

Date: _____