



River District Association Membership Form

Name: _____

Company Name (Business Memberships only): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

E-mail: _____

Individual Membership Level: Single (\$35) Family (\$45)

Business Membership Level: Friend (\$100) Supporter (\$150) Partner (\$250 and over)

Additional Names: (Family members may add 3 additional names. Supporter members may add 2 names. Partner members may add 4 names.)

Name: _____ E-mail: _____

Name: _____ E-mail: _____

Name: _____ E-mail: _____

Name: _____ E-mail: _____

Total Membership Dues = \$ _____

Yes! I would also like to make a tax-deductible donation to the River District Association, a 501(c)(3), the amount of:

\$ _____

If you would like your donation to support a specific initiative or event, please indicate below:

Annual Meeting City Market Cook's Tour of Downtown Historical Walk-Abouts
 Downtown Business Resource Center Heart of Rockford Awards

Total Membership and Donation: \$ _____

Please make checks payable to *River District Association* or complete the credit card authorization below.

Credit Card Type: Visa MasterCard

Name on Card: _____

Card Number: _____

Expiration Date: _____ / _____ / _____

Signature: _____