

BAMRA
(Bleecker Area Merchants' and Residents' Association)
MEMBERSHIP REGISTRATION FORM

Date: _____

TYPE OF MEMBERSHIP:

- Resident Business Institution Associate (individual non area residents)
Dues: \$10 Residents and Associates; \$50.00 Businesses and Institutions

Name: _____
(First and last name if individual OR name of business or institution)

If Business Name of Owner: _____

Address: _____

Mailing Address (If different) _____

Telephone Day: _____ Telephone Evening: _____ Fax: _____

Email: _____

How do you want to receive BAMRA announcements? mail e-mail either both

Institutional & Business Members:

Name of Primary Contact: _____ Title: _____
Authorized Representative for Voting Purposes: _____

Concerns you would like to see addressed by BAMRA:

- Neighborhood beautification
 Quality of life issues
 Creating community interaction
 Area vitalization
Other: _____

Areas where you would be willing to volunteer:

- | | |
|--|--|
| <input type="checkbox"/> Newsletter writing | <input type="checkbox"/> Arrange events |
| <input type="checkbox"/> Newsletter production | <input type="checkbox"/> Chair a committee |
| <input type="checkbox"/> Publicity writing | <input type="checkbox"/> Green-up/Clean-up day |
| <input type="checkbox"/> Flyer distribution | <input type="checkbox"/> Street fair |
| <input type="checkbox"/> Mailings (folding, stuffing,
labeling) | <input type="checkbox"/> Other _____ |

Please mail completed form with check for dues to:
Bleecker Area Merchants' and Residents' Association

217 Thompson Street Box 337
New York, NY 10012
bamranyc@yahoo.com