BUSINESS MEMBERSHIP APPLICATION



Company	Name		
Street Add	dress		
City		State	Zip
_	ovide the primary point of co	ntact to receive membership upda	tes and distribute benefits and other
Primary Co	ontact Name		
Title		Department	
Direct Phone		Email	
Company	Address (If different than above)	
City		State	Zip
ls this poi	Yes	e for billing/processing membersh e the following information)	ip payment?
Billing Con	itact Name		
Title		Department	
Direct Phone		Email	
Company	Address (If different than above)	
City		State	Zip
Membersh	nip Levels		
	\$500 – Supporter	\$2,500 – Leader	\$10,000 – Visionary
	\$1,000 – Advocate	\$5,000 – Champion	Other:

Please return this application to hello@downtowntulsa.com to be contacted by a member of the DTP team. Alternatively, you can mail this application with a check made payable to Downtown Tulsa Partnership at our address noted below. You will be sent a confirmation letter with DTP's not-for-profit tax ID for deduction purposes, if applicable.

Thank you for your interest in supporting the mission of our organization and the community vision for a vibrant and prosperous Downtown Tulsa!