



ANNUAL MEMBERSHIP APPLICATION

Membership in the Astoria Downtown Historic District Association is voluntary and open to anyone.

Date Completed (by member): _____ Date Processed (by office): _____

Business or Organization Name (if applicable): _____

Contact Name: _____ Title (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Eve. Phone: _____ Cell: _____

E-mail: _____ Website: _____

Select:	BASIC MEMBERSHIP	SPONSORING MEMBERSHIP	GIFT <i>(does not carry membership rights)</i>
	_____ \$100	_____ \$250	_____ any amount
		_____ \$500	
		_____ \$1000 or more	

Should your membership or gift be listed in your name or the name of your business/organization? (circle one)

As a member of ADHDA, you will receive regular communications from the organization via e-mail. Your e-mail address will not be shared with or sold to any other entity, and we make a diligent effort to reserve e-mail communication for ADHDA related business or important safety/security messages. If you do not wish to receive e-mail communication from ADHDA, please indicate your choice below to opt-out. *Note that e-mail is the primary and preferred method of communication for ADHDA. The time and money it saves allows us to put more of your dollars toward work that directly supports our mission.*

_____ It's OK to send me ADHDA e-mail _____ Do not send me ADHDA e-mail

ADHDA membership carries voting rights for the annual election of directors of the board.

Return your application via US Mail to ADHDA, PO Box 261, Astoria, Oregon 97103