Company Name: _____
(Please Print)

Address: _____

City, State, Zip: _____

Contact Person & Title: _____

All Phone Numbers: _____/_____/_____

Fax: _____

Email: **(For Alert Notices)** _____

Preferred method of contact in the event of a problem: _____

Payment via Checks Only: **Main Street Merchants: $250 Annual Membership**
Other Area Merchants: $150 Annual Membership

The WDMA is a volunteer driven and managed organization. We would appreciate and welcome your involvement. Please review the following list and respond accordingly:

Areas of Interest: **(Please Check)**

- **Serving on the Board of Governors**
- **Working on Committees**
- **Volunteering**

Are you interested in networking functions? _____Yes _____No

List of subjects you would like WDMA to address:

If you would like further information or to meet with a Board member, please indicate the best time and number to be contacted: _____

For additional information, please contact WDMA (203) 227-3887

The WDMA is a non-profit 501 (c)(6) organization