



PDP Individual Membership Application

Please complete this form and return it, with your payment, using the enclosed business reply envelope.
Thank you for supporting the Pittsburgh Downtown Partnership.

Name _____

How would you like to be listed in our membership and promotional materials?

Address _____

City, State, Zip Code _____

Phone (home) _____ **Fax:** _____

Phone (work) _____ **Email:** _____

PDP Annual Individual Membership Level and Fee:

- Downtown Neighbor (\$100.00) - Fully tax deductible

Form of payment:

- Check enclosed (please make payable to *Pittsburgh Downtown Partnership*)
 Credit Card: Please select - Visa MasterCard

(If you are using a credit card, you may fax this form to 412.566.4193)

Card Number _____

Name on the Card _____ Expiration Date _____

Signature _____

Again, thank you for supporting the Pittsburgh Downtown Partnership.