



Georgetown Village Restoration Inc. P.O. Box 47, Georgetown, CT 06829  
**Membership Application**

Name \_\_\_\_\_

Name of Business or Organization \_\_\_\_\_

Business Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

- Membership Type
- Business or Organization Dues \$100/year
  - Non Business property owner Dues \$25/year
  - Associate Dues \$10/year

Comments \_\_\_\_\_

Date Received \_\_\_\_\_ Date Approved \_\_\_\_\_

Dues Received \_\_\_\_\_

Signature of Secretary \_\_\_\_\_