



## Application for 2023 Membership

The Alliance for Coney Island is a non-profit organization dedicated to continuing the transformation of Coney Island into a year-round, world-class entertainment destination by the sea. By joining the Alliance for Coney Island, you help promote local businesses, encourage economic development and help fund free public events taking place in this one-of-a-kind community such as Friday Night Fireworks, Flicks On The Beach, the Children's Halloween Parade and much more, while improving quality of life for the entire Coney Island community.

### All members of Alliance for Coney Island receive benefits, including:

- An invitation to the annual members' meeting
- Invitations to quarterly networking events
- Business listing in Membership Directory
- Acknowledgement and logo placement on the Alliance's website
- Subscription to the quarterly Alliance e-newsletter

### MEMBERSHIP INFORMATION:

Name of Organization \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ Fax: \_\_\_\_\_  
 Primary Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Title: \_\_\_\_\_ Please specify the name of your organization you would like listed on the  
 Address: \_\_\_\_\_ Alliance website: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Please email your logo and URL to [info@allianceforconeyisland.org](mailto:info@allianceforconeyisland.org)

### 2022 MEMBERSHIP DUES:

2023 Membership Pricing	\$500
Optional Additional Pledge (Please consider this contribution to help Coney Island businesses recover!)	\$ _____
Total	\$ _____

### PAYMENT METHOD

Check                      Credit Card\*                      Amex/Discover/MasterCard/Visa

\* Please note all credit cards will be charged a fee of \$10.65 for credit card processing

\_\_\_\_ I hereby give permission to automatically renew my membership every year on January 15th.

Please make all checks payable to:

Name (as it appears on card): \_\_\_\_\_  
 Card Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_  
 Billing Zip Code: \_\_\_\_\_

## Alliance for Coney Island

I understand that this application is considered a commitment and that my business will start receiving membership benefits according to the date my application and payment is received.

Accepted on behalf of Alliance for Coney Island, Inc.,

By \_\_\_\_\_

Steve Cohen, Chairperson

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for helping Coney Island, the one and only, continue to build for the future!

Please return completed application to: 1904 Surf Avenue, Brooklyn, NY 11224

