

Application for 2022 Membership

The Alliance for Coney Island is a non-profit organization dedicated to continuing the transformation of Coney Island into a year-round, worldclass 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

- Acknowledgement and logo placement on the Alliance's
- Subscription to the quarterly Alliance e-newsletter

Business listing in Membership Directory	, , , , , , , , , , , , , , , , , , , ,
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
2022 MEMBERSHIP DUES:	
2022 Membership Pricing	
\$ <u>500</u>	
Optional Additional Pledge (Please consider this contribution to help Coney Island businesses recover!)	
Total	\$
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PAYMENT METHOD	
Check Credit Card*	Amex/Discover/MasterCard/Visa
	, anon Blood of matter out at viola
* Please note all credit cards will be charged a fee of \$10.65 for credit card processing	Name (as it appears on card):
I hereby give permission to automatically renew my membership every year on January 15th.	Card Number:
	Expiration Date:/ Security Code:
Please make all checks payable to:	·
Alliance for Coney Island	Billing Zip Code:
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Lundaretend that this application is considered a	
I understand that this application is considered a commitment and that my business will start receiving	Accepted on behalf of Alliance for Coney Island, Inc.,
membership benefits according to the date my application	
and payment is received.	Ву
and paymont to received.	Steve Cohen, Chairperson
Authorized Signature:	
Date:	
Thank you for helping Coney Island, <u>the one and only</u> , continue to build for the future!	
Please return completed application to: 1904 Surf Avenue, Brooklyn, NY 11224	
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