



New Member Information - Strategic Partner

First Name:

Last Name:

Company Name:

Street Address:

City:

State:

Zip Code:

Telephone Number:

Email Address:

Membership Level:

- Community Partner (\$1000)
- Community Supporter (\$2500)
- Community Champion (\$5000)
- Community Benefactor (\$10000)

I would like a receipt to be mailed to me

Please make checks payable to **Livable Buckhead**.

Mail a copy of this form and your check to:

Livable Buckhead
Attn: Membership
3340 Peachtree Road
Suite 1640
Atlanta, GA 30326