



MEMBERSHIP FORM

Owner's Name (Last, First, MI)

Date

Title

Business/Organization

()

Phone

Street Address

E-Mail

City State Zip Code

Web Address

- I am a Founding Member of **Buffalo FIRST!**
- My Business/Organization meets the **Buffalo FIRST!** requirements of a local independent establishment:

- (1) is privately held,
- (2) 50% of ownership lives in area,
- (3) is registered and headquartered in NY,
- (4) can make independent decisions, and
- (5) business pays all of its own expenses

Number of Years your Business/Organization has been locally and independently owned in Buffalo, NY

BUFFALO FIRST! MEMBERSHIP/PAYMENT LEVEL (check one)

	DOWN PAYMENT	FULL PAYMENT
SUPPORTER	<input type="checkbox"/> \$10	<input type="checkbox"/> \$50
CO-SPONSOR	<input type="checkbox"/> \$100	<input type="checkbox"/> \$500
SPONSOR	<input type="checkbox"/> \$400	<input type="checkbox"/> \$2000
KINDRED SPIRIT	<input type="checkbox"/> \$400+	<input type="checkbox"/> \$2000+

PAYMENT METHOD Check Cash

At least 20% of your Total contribution must be paid to process this request.
Membership shall be paid in full upon delivery of the **Buffalo FIRST!** Retail Kit.

Please make checks payable to: **Buffalo FIRST!**
371 Crescent Avenue
Buffalo, NY 14214

OFFICE USE ONLY	
Processed By	
Date	

Thank you for your contribution!
Think Local. Buy Local. Be Local.
www.buffalofirst.org • info@buffalofirst.org
716-913-1990