

P.O. Box 14265
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**ZACHARY
TAYLOR**
P A R K W A Y

ASSOCIATION NEW MEMBER INVESTMENT

Please Print or Type All Relevant Information Requested Below

Personal Contact Information

Member/Contact Name _____ Nickname _____

Home Address _____

City, State & Zip code _____ Primary Communication Address

Home Parish _____ Home Phone _____

Corporate Contact Information

Company/Government Entity _____ Your Title _____

Work Address _____

City, State, & Zip code _____ Primary Communication Address

Work Parish _____ Work Phone _____

Web Site _____ Fax Number _____

E-mail Address _____ Mobile Phone _____

By signing below, I agree to allow the Zachary Taylor Parkway Association to contact me by mail, phone, fax, and e-mail regarding membership, issues, events and fundraising.

Signature _____ Date _____

For Office Use Only

Received _____ Mailed _____
Input _____ TYLD _____

Membership Categories

Please select appropriate category

- I Legislators..... None
- II The Eight Parishes2¢ per person
- III Municipalities
Population Numbers
Less than 1,000..... \$100
1,001 – 3,000..... \$200
3,001 - 5,000 \$500
More than 5,000..... \$750
- IV Public Officials elected parish wide
Population Numbers
Less than 20,000..... \$100
20,000 – 50,000..... \$150
More than 50,000..... \$200
- V Corporations and partnerships
with 20-200 employees in the
ZT District..... \$250
- VI Corporations and partnerships with
more than 200 employees in the
ZT District..... \$750
- VII Non-profit corporations \$100
- VIII Financial Institutions
• \$10 for each million in assets up
to \$50 million
• \$5 for each million in assets over
\$50 million
• \$350 minimum dues, regardless of size
- IX Individual Memberships and
non-categorized requests \$25

**Total
Investment:** \$ _____