



Hudson Pride Connections Center Membership Application

First Name: _____

Last Name: _____

Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of Membership:

Community Member: \$50.00 \$80 Family

Non Profit Members (\$100):

Vendor Members (\$1,000):

Sponsor Members: Silver (\$2,500) Gold (\$5,000) Platinum (\$10,000)

Pay by:

Check Credit Card

Credit Card Type:

VISA Master Card American Express Discover

Billing name if different from above: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Credit Card Number: _____ VCODE: _____ Exp Date: _____

Name as it appears on card: _____

**Mail to: Hudson Pride Connections Center
32 Jones Street
Jersey City, NJ 07306**