



*First City of Kansas*

**Leavenworth Main Street Program, Inc.  
Membership Category**

Business & Professional \$250

Friends of Main Street (Individual) \$50

Name/Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Web Address: \_\_\_\_\_

- Business/Professional Membership:
  - Automatic Monthly Withdrawal \$21
  - Annually \$250
- Please bill me for Friends of Main Street:
  - Annually \$50

**Leavenworth Main Street Program, Inc.**

416 Cherokee

Leavenworth, KS 66048

(913) 682-3924

*[www.leavenworthmainstreet.com](http://www.leavenworthmainstreet.com)*



*First City of Kansas*

**REQUEST FOR PRE-AUTHORIZED PAYMENT  
PLAN**

First Withdrawal Date:

Month: \_\_\_\_\_ Day: \_\_\_\_\_

Print Name of Payer:

\_\_\_\_\_

Signature of Payor (as it appears on check):

\_\_\_\_\_

Date:

\_\_\_\_\_

**Allowance time for processing could take up to a month. Please attach a check for first month's dues (\$21.00), as well as a voided check for auto-deduction. Thank you!**