



**Broadway Promenade
INFO FORM**

Name _____ Condo # _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Mobile _____

Email Address _____

Based on information provided in the presentation regarding services offered and associated fees for membership (\$350 for initial evaluation and \$100 monthly thereafter), how interested are you in participating in the program? Check One: Very Likely _____ Likely _____ Not Sure _____ Not Likely _____ Not Interested _____

Comments: _____

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