

DEBT WATCH HARRISBURG
Membership Form

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE #(s) _____

CHECK ANY & ALL THAT APPLY TO YOU:

___ an individual and family who pay real estate taxes in Harrisburg.

___ an individual who pays Earned Income taxes to the City of Harrisburg.

___ required to pay Business Privilege/Mercantile Taxes to the City of Harrisburg.

Are you an elected or appointed official? ___ yes ___ no