

*membership application*

*“Working Together For A Better Downtown”*

COMPANY NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE:(\_\_\_\_\_) \_\_\_\_\_ FAX:(\_\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

MAY WE LIST YOUR EMAIL ON OUR WEBSITE:     Yes     No

PRODUCTS OR SERVICES PROVIDED: \_\_\_\_\_

DAYS AND HOURS OF OPERATION: \_\_\_\_\_

YEARS IN BUSINESS: \_\_\_\_\_

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DUES ARE \$50 FOR THE CALENDAR YEAR, JANUARY 1 THROUGH DECEMBER 31

PAYMENT: CHECK OR MONEY ORDER MADE OUT TO: DOWNTOWN BUSINESS ASSOCIATION  
P.O. BOX 482, WATERTOWN, NY 13601

AMT. PAID: \_\_\_\_\_ CHECK #: \_\_\_\_\_ DATE PAID: \_\_\_\_\_