

MEMBERSHIP APPLICATION



<b>CONTACT INFORMATION</b>	
<b>NAME OF BUSINESS:</b> <b>PRINCIPAL CONTACT:</b> <b>PHYSICAL ADDRESS:</b>  <b>MAILING ADDRESS:</b>  <b>BUSINESS PHONE NUMBER:</b> <b>CELL PHONE NUMBER:</b> <b>EMAIL ADDRESS:</b> <b>BUSINESS WEBSITE:</b>	<b>BUSINESS DESCRIPTION:</b>
	<b># OF FT EMPLOYEES:</b> <b># OF PT EMPLOYEES:</b>
	<b>HOURS OF OPERATION:</b>
	Signature: _____
<b>MEMBERSHIP CATEGORIES</b>	
<input type="checkbox"/> <b>FULL BUSINESS MEMBER - (Voting Member)</b> Business/Property Owner within Clarksburg Uptown District. Enclosed is my annual payment of - \$250	
<input type="checkbox"/> <b>ASSOCIATE MEMBER - (Non-Voting Member)</b> Business/Property Owner outside Clarksburg Uptown District. Enclosed is my annual payment of - \$150	
<b>PAYMENT INFO</b>	
<input type="checkbox"/> Check enclosed payable to CLARKSBURG UPTOWN INC.	
_____ Signature	
_____ Date	

MEMBERSHIP #: \_\_\_\_\_ DATE JOINED: \_\_\_\_\_