Downtown Titusville Merchants Association

Promoting Downtown To The World!

Membership Application

Business Name: _____

Type of Business: _____

Main Contact: _____ Title: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

Business Hours: _____

Preferred Method of Communication: _____ Email _____ Phone _____ Fax _____ Mail

Types of Membership

_____	Merchant	$100	Owner or representative of business. Has voice and vote.
_____	Friend	$ 50	Any individual willing to participate and work. Has voice but no vote.
_____	Young Merchant	$ 25	Any individual up to the age of 21 if still a student. Has voice but no vote.
_____	Sponsor	$_____	Financial Benefactor of $50 or more.

Method of Payment

_____ Check #_____ Payable to: Downtown Titusville Merchants Association

_____ Cash 422 Julia St, Titusville, FL 32796

Signature _____ Date of Application: _____

422 Julia St, Titusville, FL 32796
321-267-8563
www.downtowntitusville.org