



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