

# DULUTH MERCHANTS ASSOCIATION

## APPLICATION FOR MEMBERSHIP

PLEASE PRINT OR TYPE

FIRM NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**The following address is published in the directory unless DMA is otherwise Notified:**

STREET ADDRESS:

\_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

REPRESENTATIVE: \_\_\_\_\_

TITLE: \_\_\_\_\_

**Dues are as follows:** RESIDENT and NON-RESIDENT -\$60.00

BUSINESS TYPE: \_\_\_\_\_

DESCRIPTION OF BUSINESS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WEB ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

(PLEASE INCLUDE SO WE CAN INCLUDE IN THE DATABASE)

**RETURN TO: DULUTH MERCHANTS ASSOCIATION, INC.**

P.O. BOX 559

DULUTH, GA 30096

**MEMBERSHIP INFORMATION**

membership@duluthmerchants.com