

Julian Merchants Association Membership & Renewal Application Form
Please fill in and send with your check of \$55 to the address below.

Business Name:
Contact Person's Name:
Physical Business Address:
Mailing Address/P.O. Box:
City/State/Zip:
Business Phone:
Home Phone:
Fax:
Email:
Website:
Referred By:

My areas of expertise or special interest are:

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Business Development | <input type="checkbox"/> Management |
| <input type="checkbox"/> Budget – Finance - Fundraising | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Community relations - Enhancement | <input type="checkbox"/> Other - |

Committees on which I'd like to work are:

- | | |
|---|--|
| <input type="checkbox"/> Architectural Review Board | <input type="checkbox"/> JMA Board |
| <input type="checkbox"/> Arts & Music | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Events | <input type="checkbox"/> Country Christmas |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Parking |
| <input type="checkbox"/> General Volunteer | <input type="checkbox"/> Website |
| <input type="checkbox"/> Networking Breakfast | <input type="checkbox"/> Other - |

Signature: _____ **Date:** _____

 For Office Use:

Dues Paid - Date: _____ Check #: _____

Payment Received By: _____

Julian Merchants Association
 PO Box 1588, Julian, California 92036
www.julianmerchants.org
 760-765-4758