



On the Bright Side of the Bay

MEMBERSHIP CONTRACT

Name of Business: _____

Physical Address: _____

Mailing (if different): _____

Business Phone: _____ Business Fax: _____

Business E-mail: _____

Business Website: _____

Name of Legal Representative (Owner/Manager): _____

Name of Person to Receive Correspondence: _____

Phone (if different): _____ E-mail: _____

I, the undersigned legal representative of the above-named business, do hereby agree to all terms and conditions required in the Downtown Business Association, including the payment of membership dues on or before the 15th of the month in which such dues are payable (January of each year). I also understand and agree that membership and all its benefits will be cancelled at such time my dues payments become more than 60 days in arrears. Membership reinstatement may only occur when all dues in arrears are paid in full.

Choose the appropriate membership category:

_____ \$100 (Less than 100 employees) _____ \$250 Corporate (100 employees or more)

Signature of legal representative Title Date

Brief description of business: _____

Please return this form with check payable to: Downtown Business Association
c/o Kathy Carlson, Treasurer
First Bank, 111 Second Avenue NE, Suite 211
St. Petersburg, FL 33701