



Buckhannon Upshur Retail Merchants Association

MEMBERSHIP FORM

For Year: \_\_\_\_\_ Date: \_\_\_\_\_

Ex-Officio Member (\$0)

New Member Main (\$30) Addn'l Biz Member (\$10) Associate Member (\$15) Renewing \_\_\_Main \_\_\_Addn'l \_\_\_Associate

Company Name: \_\_\_\_\_

Owner (s): \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address if different: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Type of Business: (please circle all that apply)

Retail Food Lodging Service Assoc. Other\_\_\_\_\_

Committee Interest: (please circle all that apply)

Event Membership Promotions Fund Raising
Public Relations Programs Leadership Area of Most Need

What is the best way to contact/communicate with you?

Phone Fax E-mail Regular Mail

Would you like to receive updates on events by E-mail? (Please fill in E-mail address in above space)

Yes No

Comments:

To help better serve you, please make sure to fill out all of your information and notify use of any changes.