

Downtown Excelsior Partnership

Membership Application

2009

Business Name:		
Name/Contact Person:		
Email Address:		
Street Address:		
City, State, Zip:		
Mailing Address:		
City, State, Zip:		
Phone #		
Fax:		
Website:		

Business Membership:	<input type="checkbox"/>	Small (10 or less employees) - \$50.00
	<input type="checkbox"/>	Large (11 or more employees) - \$100.00
Individual	<input type="checkbox"/>	\$35.00
Non-Profit	<input type="checkbox"/>	\$35.00

Every member is encouraged to participate in a committee.
Please choose the one that fits your interest.

<input type="checkbox"/>	Marketing - promotions
<input type="checkbox"/>	Special Events
<input type="checkbox"/>	Membership/Volunteers
<input type="checkbox"/>	Design

Please enclose a check and this application and mail to:

Downtown Excelsior Partnership
PO Box 513
Excelsior Springs, MO 64024

For questions or more information, please call Keith Winge, Executive Director at 816-522-4362.