



Berkeley District Merchants Association

Membership Application

Applicant Name _____

Business Name _____

Business Address _____

Business City, State & Zip _____

Business Phone _____

Business Fax _____

E-mail Address _____

Website Address _____

Description of Business

Number of Employees _____

Hours of Operation: _____

Year Began: _____

Membership Type

Merchant paid semi-annually \$60 [] or annually \$120 []

Mail application form and check made payable to the Berkeley District Merchants Association to:

Berkeley District Merchants Association
c/o Dianne Fresquez of For Heaven's Sake – New Age, Inc.
4383 Tennyson Street, #1F, Denver, CO 80212

For questions or details, please call Wendy Sjogren (of Clotheshorse Consignment), BDMA Treasurer, at 303.477.7800.

Payment Enclosed _____

Dues are payable at the time of application. Dues are payable the first of the month and are delinquent on the 15th of each month.

COMMITTEES: I am interested in helping on the Committee. (Events Committee, Marketing Committee, Membership Committee)

[Rev. 06-01-2009]