



MEMBERSHIP FORM

Name of Business:

Business Address:

Street

City

State

Zip

Business phone

Fax number

E-mail

Business Owner/
Contact Person:

Type of Business:

Interest/Concerns for membership within the West End:

Amount enclosed: (Please check one)

Full member : ___ \$25 per year

Associate member: ___ \$10 per year

Please mail completed application form to:

West End Merchants Association, Inc.
1525 Lomb Avenue, SW
Birmingham, AL 35208