



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~~ **\$10 until August 30th, 2005!**

Associate member: \$10 per year

Please mail completed application form to:

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