



# 2009 Membership Application

Zionsville Merchants Association

Name of Business: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Hours: \_\_\_\_\_

Local Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Web Site Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Individual(s) to Contact for Merchants Association: \_\_\_\_\_

Additional contacts email addresses: \_\_\_\_\_

Type of Business (circle one):    Retail    Service & Professional    Industrial    General

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Referred by (Name & Business): \_\_\_\_\_

Annual Dues: \$275 (if paid by 2/28/09) \$325 (after 3/1/09) — Fiscal Year: Jan. 1, 2009 — Dec. 31, 2009

Comments and Suggestions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Zionsville Merchants Association

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dues Paid: \_\_\_\_\_ Payment Type: \_\_\_\_\_ Date Paid: \_\_\_\_\_

*It is understood that this application is subject to the approval of the officers of the Zionsville Merchants Association.*

For more information contact Carol Marquiss, President at 317-432-9429 or email her at [zmacarol@aol.com](mailto:zmacarol@aol.com). Mail applications to ZMA, P.O. Box 584, Zionsville, IN 46077