



# HIGHVIEW BUSINESS OWNERS ASSOCIATION, INC.

**MEMBERSHIP APPLICATION**  
*Please submit complete and accurate data*

**ORGANIZATION NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**PRIMARY REPRESENTATIVES:**

**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**NATURE OF BUSINESS:** \_\_\_\_\_

**WEB SITE:** \_\_\_\_\_

\_\_\_\_\_  
**Signature** **Date**

**The above information is confidential and will be used for  
official records and other promotional purposes.**

**Membership dues are \$25.00 per year.**

**Please make your check payable to:**

**Highview Business Owners Association, Inc.**

**Mail to: Highview Business Association**

**P.O. Box 91767**

**Louisville, KY 40291**