

# 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:** \_\_\_\_\_

\_\_\_\_\_  
**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: HVBA, P.O. Box 91767, Louisville, KY 40291**  
*visit our website: [www.highviewbusiness.com](http://www.highviewbusiness.com)*