



HIGHVIEW BUSINESS

MEMBERSHIP RENEWAL

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:
Highview Business Association
P.O. Box 91767
Louisville, KY 40291**