

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 \$50.00 per year.

**Please make your check payable to:
Highview Business Owners Association, Inc.**

**Mail to: HVBA, P.O. Box 91797, Louisville, KY 40291
or visit our website: www.highviewbusiness.com**



Hoppin' in Highview!