

Downtown Partner Membership Application

Name:		
Business/Organization	on Name:	
Physical Address:		
Mailing Address:		·
Website:		
Social Media:		
Please note: An invo	225 Downtown Partner ice will be sent to you, payr Word Description for the w	ment is not required with the submission of the
ricase provide a 30	void bescription for the w	CDSITE HSUNG.
Return Membership Mail: Historic Downtown (PO Box 6655 - Glend Email: Info@VisitDowntow	Glendale Merchants Associa Iale, AZ 85312-6655 nGlendale.com	ation ase call 623-299-2060
Office Use Only Date Rec'd	Invoice Date	Invoice #