



Membership Application ASSOCIATE PARTNER

Name: _____

Business/Organization Name: _____

Physical Address: _____

Mailing Address: _____

Phone: _____ Email: _____

Website: _____

Business Hours: _____

Membership Fee:

\$125 Associate Partner

Please note: An invoice will be sent to you, payment is not required with the submission of the application.

Return Membership Application to:

MAIL:

Historic Downtown Glendale Merchants Association
PO Box 6655
Glendale, AZ 85312-6655

EMAIL:

Info@VisitDowntownGlendale.com

**Thank you for joining the Historic Downtown Glendale Merchants Association.
We appreciate your support!**

Questions? Please call 623-299-2060

Office Use Only

Date Rec'd _____ *Invoice Date* _____ *Invoice #* _____