

# SOUTHTOWN COUNCIL

A Great Place To Live and Work!

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## APPLICATION FOR MEMBERSHIP

Name of business: \_\_\_\_\_

Street address of business: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Mail address (if different): \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Name of business owner: \_\_\_\_\_

Name of business manager: \_\_\_\_\_

Please describe the nature of your business (what you sell or service you offer) and the hours of operation. Your business will be featured in the Southtown Council's monthly Newsletter in the future as space permits. Continue on the reverse side if more space is needed.

First time members @ \$65.00

*credit cards are accepted through our PayPal gateway*

Check here if paying for membership online ([www.southtown.org](http://www.southtown.org)).

Check here if membership check is attached.

Preparer's Signature: \_\_\_\_\_