

# Manzanita Merchants Association Membership Application



Business Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Phones: Work: \_\_\_\_\_ Home: \_\_\_\_\_

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

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Membership Dues: \$ 100

Website\* \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Total Due: \$ \_\_\_\_\_

\* one web page, several pictures and text is typically \$100 as part of group purchase

## Return your completed membership form to:

Manzanita Merchants Association

P.O. Box 781

Manzanita, OR 97110

Or call Kay Covert at 503.368.6609 to pick up (in town only)

### For Office Use Only:

Paid by:

- Cash  
 Check # \_\_\_\_\_

Received by:

Name: \_\_\_\_\_  
Date: \_\_\_\_\_