



# MEMBERSHIP APPLICATION

New \_\_\_\_\_ Renewing \_\_\_\_\_

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

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

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

Contact Person: \_\_\_\_\_ Office No: \_\_\_\_\_

Cell No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Email Address: \_\_\_\_\_ No. of employees: \_\_\_\_\_

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

Please give us a brief description about your business (product or service you offer, typical referral)

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about OTBA? \_\_\_\_\_

What benefits do you want to receive through membership? \_\_\_\_\_

How do you feel you can assist the OTBA? \_\_\_\_\_

Will you volunteer for festivals/special events? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you host a mixer? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you serve on the board or special committee? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you like additional information about our organization?

Please mail form to:  
Old Town Business Assoc.  
P.O. Box 1142  
Lewisville, TX 75067