



FAB

Fairmount Area Business Association

Membership Application

<p><u>MEMBERSHIP STATUS</u></p> <p><input type="checkbox"/> NEW</p> <p><input type="checkbox"/> RENEWAL</p>	<p><u>MEMBERSHIP LEVEL</u></p> <p><input type="checkbox"/> BASIC \$75</p> <p><input type="checkbox"/> RETAIL \$150</p> <p><i><u>I would like to have my business logo displayed on the Retail Rack Card distributed at tourist locations and Fairmount businesses. I am enclosing an additional payment of \$50 for this option. With your payment please include your logo (at least 300 dpi) on a CD.</u></i></p>
BUSINESS NAME	
BUSINESS ADDRESS	
BUSINESS HOURS	
BUSINESS OWNER(S) NAME	
BUSINESS PHONE NUMBER	
BUSINESS E-MAIL	
BUSINESS WEBSITE ADDRESS	
BUSINESS DESCRIPTION <i>(please provide a description of your business that is 30 words or less)</i>	
PRIMARY CONTACT FOR FAB	
PRIMARY CONTACT PHONE NUMBER	
PRIMARY CONTACT E-MAIL	

**** Get a \$25 credit when your referral joins FAB!**

Referral Name

Business Name

Phone #

Make checks payable to Fairmount CDC or pay online at www.fairmount.biz.

**Please complete this form and return it with payment to:
Fairmount CDC, 2206 Fairmount Avenue, Philadelphia, PA 19130**