



saratoga springs downtown

• business association •

p.o. box 974, saratoga springs, n.y. 12866

phone/fax: 587-8635

www.saratogadowntown.com

2010-2011 DBA Membership Application

Date: _____

Yes, I would like to become a member.

Enclosed is my check for the annual dues of \$250.00

Enclosed is my check for the annual associate membership dues of \$195.00*

*This rate applies to those outside the borders of the Saratoga Hilton to the Holiday Inn or further than 3 blocks east or west of Broadway or not-for-profits)

BUSINESS NAME _____

CONTACT _____

PHONE NUMBER _____

ADDRESS _____

E-MAIL ADDRESS & WEB SITE _____

TYPE OF BUSINESS _____

(Restaurant, retail, service or other)

Normal hours _____

Would you cooperate in a coordinated evening to be open late? Yes No Fri Sat

DESCRIPTION OF BUSINESS FOR MAP & DIRECTORY: (approx.10-12 words after name & address)

YES, I would like to participate in the Member to Member Discount program by offering a

% discount to card holders. *Restrictions:*

Authorized Signature