



JOIN/RENEW MEMBERSHIP FORM

Your Name: _____

Your Title: _____

Company Name: _____

Company Address: _____

Phone #: _____ Fax #: _____

Email Address: _____

Years in Business: _____

Nature of Business: _____

- Check one that applies: **Annual Membership: \$150** -Includes a meal for one person at monthly luncheons.
- Non-Profit Membership: \$100** -Includes a meal for one person at monthly luncheons.
- Additional Associates: \$120** - Additional associates annual lunch can be added to a membership.
- \$ _____ **Donation for scholarship fund (OPTIONAL)** -This donation may be tax deductible

Make check payable to:
Dixie Area Business Association

Please include this completed application and a Business Card.

Your Check Number _____

Mail to: **Membership
Dixie Area Business Association
PO Box 58263
Louisville, KY 40268**