



2015 Downtown Tipp City Partnership Membership Application

Membership Category (Please Select One):

- _____ Not For Profit (\$75.00)
_____ Small Business (\$100.00)
_____ Corporate Partner (\$500.00)
_____ Community Supporter (\$_____)
Please list amount donated

Business Name

Contact Person

Address

City, State, Zip

Phone Number

Email Address

Company Website Address

Payment Information:

- _____ Check enclosed
_____ Please send me an invoice for the full annual amount.
_____ Please send me 2 bi-annual invoices.

Please make checks payable to: Downtown Tipp City Partnership

I agree to 2015 membership with the Downtown Tipp City Partnership and agree to make payment as indicated above.

Signature

Date

Thank you for your support and commitment to Downtown Tipp City!

6 South Third Street, Tipp City, OH 45371

www.Downtowntippcity.org