



YBOR NOW

YBOR MERCHANTS ASSOCIATION MEMBERSHIP APPLICATION

BUSINESS / ORGANIZATION INFORMATION

Business / Organization Name:

Address 1:

Phone:

Address 2:

City:

State:

ZIP Code:

Website:

Email:

Date Founded:

Type of Business:

OWNERSHIP INFORMATION – CONTACT 1

Contact 1 Name:

Phone:

E-mail:

Address:

City:

State:

ZIP Code:

OWNERSHIP INFORMATION – CONTACT 2

Contact 1 Name:

Phone:

E-mail:

Address:

City:

State:

ZIP Code:

BUSINESS / ORGANIZATION DESCRIPTION

HOURS OF OPERATION

SOCIAL LINKS

Facebook.com/

Twitter.com/

Instagram.com/

ADDITIONAL INFORMATION

SIGNATURES

PLEASE MAIL THIS FORM AND A CHECK FOR \$80.00 PAYABLE TO YBOR MERCHANTS ASSOCIATION TO: PO BOX 77485, Tampa, FL 33675.

You can also complete the form online at <http://ybornow.com/signup/>.

I authorize the verification of the information provided on this form.

Signature of applicant:

Date: