

# Abilene Downtown Association

## Membership Application

\_\_\_\_\_ \$25-yearly Sold Proprietor/Individual

\_\_\_\_\_ \$35-yearly 1 to 4 employees

\_\_\_\_\_ \$65-yearly 5 to 15 employees

\_\_\_\_\_ \$95-yearly 16 or more employees

Company Name \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Name of person who will represent your business at meetings: \_\_\_\_\_

On what Committee(s) you would like to serve? \_\_\_\_\_

**Print and mail this form to:**

Abilene Downtown Association  
PO Box 1045  
Abilene, TX 79604-1045