



601 Conant Street  
 Maumee, OH 43537  
*www.maumeeuptown.com*

**MEMBERSHIP APPLICATION**

**APPLICANT INFORMATION**

Business Name:

Address:

City:	State:	ZIP Code:
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**CONTACT PERSON**

Name:

Title:	Email:
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Phone (Office):	Phone (Cell):
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Website:

Owner (if different than contact person):

**BILLING INFORMATION**

Same as above. (If different, please complete below.)

Address:

City:	State:	ZIP Code:
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**What interests you in joining:**

**Description of business:**

Referred by:

Annual Dues: \$50.00 – Please send check with application to Attention: Treasurer

For Office Use Only:

Paid: \_\_\_\_\_

Date: \_\_\_\_\_

Check #: \_\_\_\_\_

