

Fair Park Merchants Association

Membership Application

FY 2013 - \$100.00 Membership Fee

Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Website: _____

Type of Business: _____

Please check one:

___ Individual/Sole Proprietor ___ Corporation ___ Partnership ___ Other

Number of Employees: _____

Please make checks payable to **SouthFair CDC. Memo- RE: Fair Park Merchants Association**

Drop off/Mail in the application with **\$100.00** membership fee to:
2610 Martin Luther King Jr. Blvd., Dallas, TX 75215

For office use only:

___ Money Order No. _____

___ Check# _____

Date Received _____ Received by _____