



P.O. Box 120734, Clermont, FL 34712

www.ClermontDowntownPartnership.com

APPLICATION FOR MEMBERSHIP

Date: _____

Contact Name: _____

Business/Association Name: _____

Street Address: _____

_____ Zip _____ - _____

Mailing Address (if different): _____

_____ Zip _____ - _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

Web Address: _____

Type of Business: _____

Do you wish to be on the e-mail list for notification of meetings, etc? Yes No

\$75.00 Per year Check # _____ New Member Renewal

Treasurer _____

Secretary _____