



Circleville Downtown Business Association

Date of Membership: _____

Mission Statement: To provide businesses, individuals, and organizations with the tools and support to aid in the advancement of the downtown Circleville community.

Name/Business: _____
 Physical Address: _____
 Mailing Address (if different): _____
 City: _____ Phone Number(s): _____
 Contact Person(s): _____
 E-mail Address: _____
 Website Address: _____
 Facebook Address: _____

	Amount	Amount Paid
A. Membership	\$100.00 per year	_____
B. Membership if a Chamber of Commerce Member	\$75.00 per year	_____

Benefits:

- Provides business the ability to participate and benefit directly in promotions
- Listed on DBA Website and Facebook page (announcements, sales flyers, etc.)
www.circlevilledba.com and www.facebook.com/circlevilledba
 ✓ Links to business website and/or all Social Media (Facebook, Twitter, LinkedIn, etc.)

B. Donation **May we recognize your donation?** Y or N \$ _____

- Donations of any amount are greatly appreciated to help the DBA in its efforts to support and promote Circleville downtown businesses.

Please make checks payable to:
Circleville Downtown Business Association
PO Box 841
Circleville OH 43113

For Office Use Only	
Date of Payment:	
Type of Payment:	
Receipt Number:	