

**SUNSHINE MILE BUSINESS ASSOCIATION
MEMBERSHIP APPLICATION**

Company Name: _____

Business Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Website: _____

Owner: _____ Manager: _____

Category of Membership Applying For: (please check appropriate box)

Full** (\$125)

Associate (\$75)

Corporate (\$250)

Please make checks payable to the Sunshine Mile Business Association

*** Please complete the volunteer assessment and commitment agreement on the reverse side of this application.*

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Full Members Only:**

Please designate who will vote on behalf of your business: _____

Please designate an alternate representative (optional): _____

Optional Demographic Information:

1. Years in Business _____ 2. Own/Rent _____

2. Years located on the Sunshine Mile (if appropriate) _____

3. Number of Employees _____

4. Are you a member of:

Local First

Visit Tucson

Chamber of Commerce

Other _____

5. Please provide information on the history of the building you occupy _____

For office use only:

Application Receipt Date: _____ Date of Recorded Acceptance: _____

Annual Renewal Date: _____