

Downtown Lemont Merchant's Membership Application

Company Name: _____

Address: _____

City/State/Zip: _____

Primary Phone: _____ Fax: _____

Cell Phone: _____

Email Address: _____

Contact Name: _____

Business Category: _____

Year Started in Business: _____

Annual Dues: \$100.00

*DMA Membership is deductible from corporate or individual tax returns. Please make checks payable to the **Downtown Lemont Merchants Alliance** (C/O Lemont Chamber of Commerce, 418 Main Street Lemont, IL 60439).

Check #: _____

Credit Card #: _____

Exp. Date: _____ CV Code: _____

Name on Card: _____ Signature: _____

Business Billing Address: _____

City/State/Zip: _____

