

**Durham Downtown Merchants Association**

Return to: **Frank White**  
**119 Market St.**  
**Durham, NC 27701**  
**Phone: (919) 317-7600**  
**E-mail: admin@downtownmerchantsassociation.com**

NAME(S) 1: \_\_\_\_\_  
2: \_\_\_\_\_  
(Please print clearly)

**APPLICATION FOR MEMBERSHIP**

2007

**NEW MEMBER INFORMATION (Please print – Continue on back of sheet if needed.)**

BUSINESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME OF PRESIDENT/CEO/GENERAL MANAGER(S)

1: \_\_\_\_\_ 2: \_\_\_\_\_

PLEASE TELL US WHY YOU ARE INTERESTED IN THE DURHAM DOWNTOWN MERCHANTS ASSOCIATION:

\_\_\_\_\_

**YOUR BUSINESS INFORMATION (Please print)**

WE ARE A (CHOOSE ONE): RETAIL BUSINESS | SERVICE BUSINESS | PROPERTY OWNER

OUR MAIN BUSINESS IS: \_\_\_\_\_

WE ALSO PROVIDE THE FOLLOWING SERVICES/PRODUCTS (If applicable)

1 \_\_\_\_\_ | 2 \_\_\_\_\_

3 \_\_\_\_\_ | 4 \_\_\_\_\_

Durham Downtown Merchants Association (DDMA) requires no monetary dues (*subject to change*). By completing this membership application I/We acknowledge that membership is automatic. I/we agree to attend at least 4 of the 10 scheduled monthly meeting and/or co-sponsor one or more DDMA events/activities.

**I AGREE TO ABIDE BY THE CODE OF ETHICS  
OF THE DURHAM DOWNTOWN MERCHANTS ASSOCIATION**

SIGNATURE(S)1: \_\_\_\_\_ DATE: \_\_\_\_\_

2: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTE:** *Completing this application does not automatically register an account on the Durham Merchants Association website. You should visit the website to create an account*  
The site is available at [www.durhamdma.org](http://www.durhamdma.org) or [www.downtownmerchantsassociation.org](http://www.downtownmerchantsassociation.org).