



EAST 233RD STREET & WHITE PLAINS ROAD MERCHANTS ASSOCIATION

Owner/Manager: _____

Business Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Between _____ and _____

Cell Phone: (_____) _____ Business Phone: (_____) _____

Email: _____

Business Hours: Monday - Friday _____ to _____
Saturday _____ to _____
Sunday _____ to _____

Membership: New Member Membership Renewal
Please select \$50.00 (Annual) \$90.00 (Bi-annual)

Annual membership expires every October 1

Type of Business: Restaurant Clothes Deli/Grocery Other: _____

How many years have you been in business: _____

- I will volunteer to help the Association by:
- Serving on a program committee
 - Helping at the information booth for Events
 - Merchant Outreach committee
 - Serving on the Membership committee

Social Media Information:

 _____  _____  _____  _____  _____

Make Checks Payable to:

East 233rd St & White Plains Road Merchants Association

Please send check or money order to: 4110 White Plains Road, Bronx, NY 10466

Please sign and date before submitting.

SIGNATURE PRINT NAME DATE