

**MOUNT DORA VILLAGE MERCHANTS AND  
BUSINESS ASSOCIATION, INC.**

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Owner: \_\_\_\_\_ Contact: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: (ex: www.yourname.com) \_\_\_\_\_

Are you open on Sunday? \_\_\_\_\_

Enter #1 in the category that best describes your business.

Enter #2 and #3 for additional categories that describe your business.

\_\_\_\_\_ Food    \_\_\_\_\_ Lodging    \_\_\_\_\_ Gifts & Interiors    \_\_\_\_\_ Antiques & Art    \_\_\_\_\_ Clothing & Jewelry

\_\_\_\_\_ Financial    \_\_\_\_\_ Real Estate    \_\_\_\_\_ Recreation    \_\_\_\_\_ Specialty    \_\_\_\_\_ Other

Descriptive phrase about your business and/or services for our map and website: (not more than 55 characters)

Please indicate preferred method of communication. **Circle one:**    Email    Hand Deliver

**RETURN THIS FORM WITH YOUR \$180 DUES (by January 1 if renewal)** 10% if paid in f Check # \_\_\_\_\_ Date: \_\_\_\_\_

**Your membership application is subject to review by the MDVMBA Board of Directors prior to acceptance.**

**NOTE:** IF YOU WOULD PREFER TO OPT FOR THE THREE EASY CREDIT CARD PAYMENTS OF \$60 CHECK HERE: \_\_\_\_\_

PLEASE COMPLETE THE ATTACHED FORM and return it to: MDVMBA, PO Box 378, Mount Dora, FL 32756.

Referring Member: \_\_\_\_\_

Signature