

Our Mission: To Promote and Encourage Business that Enhance the Downtown, its Partners, and the Community

Affiliate Member Application Annual Fee: \$150

Information Sheet (Please Print or Type)			
NAME:(Last)			OK III)
, ,	(First)		(Middle)
ARE YOU A BUSINESS OWNER IN FAIRFIE	LD? YES		NO
IF YES TO THE ABOVE QUESTION, DOES Y FAIRFIELD BUSINESS LICENSE?		HAVE A CURRENT	CCITY OF NO
ADDRESS:			
MAILING ADDRESS (if different than above):_			
PHONE: FAX: E-MAILAD	DDRESS:		
TYPE OF BUSINESS (e.g.; retail, personal servi	ice, professional of	ffice, etc.):	
YOUR JOB TITLE:			
FIELD OF SPECIALTY:			
AREAS OF SPECIAL INTEREST:			
PAST OR PRESENT INVOLVEMENT IN COM	MMUNITY/VOLU	INTEER ORGANIZA	TIONS (i.e.; Little
League, service clubs, church):			
Yes, I care about ou I believe my business will be an asset to t	he Fairfield Main	Street Association ar	
☐ Enclosed is a check for my Membership. (Du	es are based on th	e calendar year and a	re not prorated)
Please bill my credit card: VISA N	MC		
Credit Card #: Exp	piration Date:/	3-Digit No:	Zip Code:
Signature:		Date:	
Office Use Only (all applicants require Board appasset to the FMSA and its Mission? Yes No	•	pplicant and/or the ap	