

PRINT NAME

## New Member Application

Owner:				
Manager:				
Business Name: _				
Address:		_ City:	State:	_ Zip:
Between		and		
Cell Phone: ()		Business Phone	: ()	
Email:				
Circle from above the best way to reach you.				
Business Hours:	Saturday		to to	
Type of Business:				
How many years have you been in business:				
I will volunteer to help the Association by: (Check all that apply)				
Serving on a program committee  Helping at the information booth for Events  Merchant Outreach committee  Participating in quarterly meetings Hosting a quarterly meeting Following on social media Interest in serving on the Board of Directors  Social Media Information:				
Most convenient day and time to meet:				
Contact us at: (718)324-4461 mpc@mpcbronx.or	rg			
Please sign and date before submitting.				

SIGNATURE

DATE