



## Downtown Rochelle Association Membership

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

Business Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Business Owner: \_\_\_\_\_

Building Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Owner's address: \_\_\_\_\_

Brief Description of Business/What do you want the customer to know (I.E. Retail, Attorney,

Beauty, Gifts, and etc.): \_\_\_\_\_

Membership dues:

**First Year- \$25**  
**Continuing Member - \$75 per year**

Would you be willing to volunteer for a board position? \_\_\_\_\_

Would you be willing to volunteer to help at downtown Events? \_\_\_\_\_

Suggestions for a better downtown? \_\_\_\_\_

\_\_\_\_\_

How would you accomplish your suggestion? \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Current year paid: \_\_\_\_\_

Please make checks payable to: **Downtown Rochelle Association**

Your membership form and check should be returned to: Downtown Rochelle Association

P.O. Box 490

Rochelle IL, 61068