



**Berkeley District Merchants Association (BDMA)
Membership Application**

Applicant Name _____

Business Name _____

Business Address _____

Business City, State & Zip _____

Business Phone _____

Business Fax _____

E-mail Address _____

Website Address _____

Description of Business _____

Number of Employees _____

Hours of Operation _____

Year Began _____

Membership Type: Merchant paid semi-annually \$60 [] or annually \$120 []

Payment Enclosed _____

Dues are payable at the time of application.

Committees/Board: I am interested in helping with (Board, Events Committee, Marketing Committee, Membership Committee)

For more information, please contact Wendy Sjogren, BDMA Treasurer at 303.477.7800 or wsshoe@aol.com

Mail application form and check made payable to the Berkeley District Merchants Association to:

Berkeley District Merchants Association
c/o Wendy Sjogren, BDMA Treasurer
Clotheshorse Consignment
4232 Tennyson Street
Denver, CO 80212