

APPLICATION FOR VENTNOR
MERCHANTS ASSOCIATION

ventnormerchants.com

Phone (609) 823-6273

Name of business _____

Address _____

Phone number _____

E-Mail Address _____

Contact Person _____

Application fee \$100.00 per year _____

Website _____

Brief description of business _____

Return with check made payable to – Ventnor Merchants Association- to:

Stephen J. Wright, VMA Secretary
c/o 5000 Ventnor Avenue
Ventnor, NJ 08406

KEEP THIS PORTION - YOUR RECEIPT

\$100.00 paid to the Ventnor Merchants Association for 2009

Check # _____

Date _____