



2011 Membership Enrollment Form

Please fill in completely:

NAME

BUSINESS NAME

CITY

STATE

ZIP

OFFICE PHONE

FAX

MOBILE

EMAIL

WEBSITE ADDRESS

BUSINESS CATEGORY

BUSINESS DESCRIPTION *(30 words or less)*

There is information I do not want published in the directory as indicated:

Questions?
Email: info@lovettsvilleba.com
or call Heather Treadwell
at 571-271-3244

Annual Membership Dues: \$75
Make checks payable to:
Lovettsville Business Association
P.O. Box 6
Lovettsville, Virginia 20180