



## 2010 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](mailto: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