



Clermont Downtown Partnership Inc. • P.O. Box 120734 • Clermont, FL 34712-0734
352-247-4640 • info@clermontdowntownpartnership.com • www.clermontdowntownpartnership.com

APPLICATION FOR MEMBERSHIP

New Member: _____

Renewal: _____

Date: _____ Contact Name: _____

Business/Association Name _____

Street Address: _____

City _____ State _____ ZIP _____

Mailing Address (if different) _____

Street Address: _____

City _____ State _____ ZIP _____

Phone (Business): _____ Phone (Other) _____

E-mail Address _____

Website to be listed _____

Type of Business _____

Do you wish to be on the e-mail list(s) for notifications of CDP business, meetings, events, etc?

Yes, please add me to the list(s): _____ No, do not add me to the list(s): _____

Annual membership: \$100.00. Check #: _____

Please make check payable to: Clermont Downtown Partnership

Thank you for supporting business growth in Historic Downtown Clermont!

For CDP use only.

Application reviewed and membership dues received by (either member of the CDP Executive Board must sign)

President: _____ Date _____ Vice President: _____ Date _____

Treasurer: _____ Date _____ Secretary: _____ Date _____