



MEMBERSHIP FORM

Please make checks payable to:
Bolivar Main Street Association

Please mail forms to:
Bolivar Main Street Assoc
PO Box 39
Bolivar, OH 44612

Member Information

PLEASE CIRCLE ONE Business \$50.00 or Individual \$35.00

Business _____

First Name _____

Last Name _____

Address _____

Cell Phone _____

Work Phone _____

Email _____

Secretary/Treasurer Use:

DATE RECEIVED _____

Membership Fee Paid _____