

# OCALA MAIN STREET

## MEMBERSHIP APPLICATION FORM

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email: \_\_\_\_\_

Website & Social Handle(s): \_\_\_\_\_

## MEMBERSHIP LEVEL

**Please select one:**

Basic Membership | \$250     Gold Membership | \$500

**TO BE PAID:**    Check    Credit Card    Bill Me (select one below):  
 Monthly    Quarterly    On a Specific Date: \_\_\_\_\_

## PAYMENT INFORMATION

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Card Type: \_\_\_\_\_      Billing Zip: \_\_\_\_\_

Expiration Date: \_\_\_\_\_      CVC Code: \_\_\_\_\_

I authorize Ocala Main Street to charge \$\_\_\_\_\_ (amount) to the credit card provided herein. I agree to pay for this purchase according to the cardholder statement.

\_\_\_\_\_  
**Signature** (for credit card use)

\_\_\_\_\_  
**Date**

### FOR OFFICE USE ONLY:

OMS Contact Representative:

Payment Received     Payment Processed     Logo Received

*Ocala Main Street is a 501(c)3 tax exempt organization. Your contribution is deductible to the fullest extent allowed by the law. Please see your tax consultant for details.*

**REMIT PAYMENTS TO:**  
Ocala Main Street  
PO Box 302, Ocala, FL 34478

**QUESTIONS?** Call 352-421-0047

**OCALA  
MAIN STREET**

*Feel*  
DOWNTOWN

WWW.OCALAMAINSTREET.COM