

Museum District Business Alliance

3815 Montrose Boulevard, Suite 211

Houston, Texas 77006

713-529-9802 Phone 713-529-9967 Fax

Membership Application

First Name: _____ *Last Name:* _____

Company: _____ *Position Title:* _____

Website: _____ *Type of Business:* _____

Address: _____ *City/State/Zip:* _____

Phone(s): _____ *Email:* _____

Fax: _____ *New Member* ___ / *Renewal* ___ *Date:* _____

Specific MDBA Area of Interest: _____

How (or from whom) did you hear about MDBA? _____

Membership Levels

___ \$4,000 Benefactor Member

___ \$350 Business Membership

___ \$1,000 Patron Member

___ \$150 Individual Membership

___ \$600 Sponsor Member

___ Membership provided as part of
an Event Sponsorship Package

Payment Options

___ I've paid on line using PayPal.

___ Enclosed is my check payable to MDBA
at the membership level indicated above.

_____ ± *date of PayPal payment*

Please charge ___ AmEx ___ MasterCard ___ VISA ___ Discover for my membership.

Name on card: _____

Card Number: _____ Exp. Date: _____

Billing Address: _____
