



Business On Broadway, LLC
P. O. Box 5387
Fort Wayne, IN 46895-5387

Application for Membership

Business Name: _____

Business Description: _____

of Employees _____ # years in business _____

Broadway/Off-Broadway Address Represented: _____

Your Name: _____

Mailing Address: _____

Fort Wayne, IN _____ Zip _____
Other _____ Zip _____

Telephone: _____ Fax: _____

e-mail Address: _____ Website: _____

Membership Level:

- BOB's Neighbor** - Broadway area residents who want to show their support of BOB's members
No voting privileges \$10 per year
- BOB's Friend** - Broadway area neighborhood associations, city organizations, businesses not within the BOB boundaries, that wish to show support for BOB
No voting privileges \$15 per year
- BOB's Family** – Broadway (and adjacent) Business or Property Owner
Voting privilege – one vote per property address
Lessors of Broadway business properties \$25 per year
Businesses with 1-10 employees \$50 per year
Businesses with 11-25 employees \$100 per year
Businesses with 26-100 employees Large \$150 per year
Businesses with more than 100 employees \$200 per year

Name of BOB Sponsor _____

Your Signature _____ Date: _____

Return this completed form along with payment of dues to the address noted above.