



Membership Form

Please make checks
payable to: **Bolivar Main
Street Association**

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

Member Information

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

Business _____

First Name _____

Last Name _____

Address _____

Address
cont. _____

Cell Phone _____

Work Phone _____

Email _____

Secretary/Treasurer Use:

Date

Received _____

Membership
Fee Paid _____