



Membership Application

Merchant Information:

Merchant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () _____ Fax: () _____

Email Address: _____

Dues:

Dues may be paid quarterly or annually

Quarterly Dues: \$45.00 Annually: \$180.00

Payment Information:

Please indicate payment method. (Check one)

- Check Enclosed
- Cash Payment

Please make checks payable to:
Lake Elsinore Historical DMA
c/o Remember When Antiques
169 N. Main Street
Lake Elsinore, CA 92530

Member Signature: _____ Date: _____