Downtown Loveland Association

"Revitalizing the Heart of Loveland"

Date:_____

Membership #_____

PO Box 7535, Loveland, CO 80537

Name: _____ Business Name: _____

Primary Contact: _____ Secondary Contact: _____

Address, City, State, Zip: _____

Phone #:_____ Email: _____ Web: _____

Type of Business: _____

Years in Business: _____ # Employees: FT_____ PT_____ Square Footage:_____

Own Building:_____ Or Lease:_____

Membership Category:

Student/Senior _____

Individual _____

Non Profit _____

Property Owner _____

Business Owner _____

Sponsor _____

Charter _____

Other: _____

How Paid:

Cash _____

Check _____

In Kind _____

Amount Paid:_____

DLA Representative:_____

This information is solely for the use by the Downtown Loveland Association
And will not be distributed or sold to other entities.