



Promoting and Managing the Arlington Business Improvement District

**Yes! I would like to be a voting member of the
ARLINGTON BUSINESS PARTNERSHIP
And have a voice in decisions that impact my business!**

MEMBERSHIP REGISTRATION

Name of Arlington Business: _____

Address of Arlington Business: _____ Zip Code _____

Contact Person: _____ Phone _____

E-Mail Address _____ FAX _____

Website address _____

Type of Business: Corporation (Name of Corp., if different _____)
(Check one) Partnership Sole Proprietorship Other (Please describe: _____)

Committees: What committees will you serve on? (Check all that apply below)

- Events - Winterfest in Arlington Events - Chili Cook-Off & Car/Cycle Show Membership
 Physical Improvements Special Projects

Are you interested in serving on the Board of Directors? Yes No

Name and Title of Person authorized to vote as member **(One name only)**

Name: _____ Title: _____

E-Mail: _____ Phone _____

X _____ Date: _____

Signature of Owner of Business

(If corporation, officer must sign; if Partnership, General Partner must sign)

Print Name and Title

Monthly Board/General Membership Meetings are held the second Monday of the month at Parkview Hospital Founder's Center (blue-roofed building facing Jackson Street, between Garfield & Magnolia) beginning at 6:30 pm

**PLEASE COMPLETE THIS FORM IN ORDER TO BE ELIGIBLE TO VOTE
ON CRITICAL ISSUES THAT WILL IMPACT YOUR BUSINESS.**

Return Via FAX: (951) 509-6802

-Or-

Via Mail to: Arlington Business Partnership
P O Box 7338, Riverside, CA 92513