



UNIVERSITY PLACE
ASSOCIATION

2017 MEMBERSHIP FORM

Annual Dues

_____ \$ 100.00 [Small Business]
_____ \$ 500.00 [Chain and Larger Retail]
_____ \$ 1,000.00 [Corporate and Institutional]

Business Name _____

Name of Contact Person _____

Address _____

Telephone _____ **E-Mail** _____

Special Concerns

Please check your particular concerns or areas of interest.

_____ *Social/P.R. Events, Holiday Events, etc.*

_____ *Parking Problems*

_____ *Transportation and/or Trolley Service*

_____ *Security*

_____ *Beautification, including issues of signage,
trees and landscaping, outdoor furniture,
rest areas, etc.*

_____ *Public Works, Street
Construction and Repair*

Other areas of concern

Please return this form and your check to *University Place Association* in the enclosed envelope or mail to University Place Association, P.O. Box 540331, Houston, Texas 77254.