



Membership Application

Today's Date _____ Opening Date of Business (for Anniversaries) _____

Business Name _____

Business Street Address _____

Billing Address if Different _____

Owner Name _____ Owner Email _____

Owner Mobile Phone _____

Day to Day Contact Person (if different) _____

Business Phone _____ Business Email _____

Business Website _____ Facebook & Instagram _____

Business Type (for search on DSI website) – may select more than one

- Cultural Arts
- Dining – Breakfast
- Dining- Lunch
- Dining – Dinner
- Faith Center
- Government
- Health Care
- Hotel & Tourism
- Nightlife
- Property Management
- Services
- Shopping
- Spa/Salon

Business Hours (Write in)

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I'm Interested in Working with My Neighbors On:

- Promotions
- Events
- Parking
- Tourism
- Beautification
- Not Sure

Business Membership Level (see benefits chart) _____

Mail with payment to: Downtown Springfield Inc., 3 W Old State Capitol #15, Springfield, IL 62701
or join via our website at www.downtownspringfield.org/partner-dsi