



FRIEND MEMBERSHIP APPLICATION

Please submit this application with payment to:
Venice MainStreet • 101 W Venice Ave • Suite 23 • Venice, FL 34285
Ph: 941.484.6722 • Fax: 941.483.4884

Thank you for your commitment
to preserving, protecting, and promoting historic Downtown Venice.

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

E-mail Address: _____

Check Enclosed

Credit Card Information:

Visa

Card Number: _____ Exp: __/ __

Mastercard

Signature: _____

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Thank You for your Support
Larry McLaren
President of Venice MainStreet, Inc.
2011

_____ VMS Office Use Only: _____

Decal

Date Received: _____

Website

Classification/Type: _____

Directory

Payment (and type): _____

Mailing list/Master list