

IMPORTANT: ALL APPLICANTS

Complete steps ① through ④ or ⑤. Membership dues increase to \$250 after January 15. Those paying after January 15 must skip ④ and fill in ⑤ only. ⑥ is for NEW MEMBERS only. ⑦ is for RENEWING MEMBERS only.

①	BUSINESS NAME	Date
	TYPE OF BUSINESS You <i>must</i> check one box. <input type="checkbox"/> Shop <input type="checkbox"/> Eatery <input type="checkbox"/> Service	IS YOUR BUSINESS... Check both, one or none. <input type="checkbox"/> Handicap Accessible? <input type="checkbox"/> Dog Friendly?
	Do you offer discounts for HVMA members? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please describe discount parameters:

② PERSONAL INFO YOUR NAME _____

This information will not appear in print, nor will it be made public. HOME ADDRESS _____

We just need to be able to contact you. CELL _____ EMERGENCY NUMBER _____

PERSONAL EMAIL ADDRESS* _____

*(if different from other email addresses, or if your address in step 6 starts with "info@." Your personal email address will not be made public.)

③ MEMBER STATUS You *must* check one box at right.

I am a *returning* HVMA member and I need to update last year's brochure text: Complete payment below, then complete ⑦. Fill in ONLY information that has changed since last year.

I am a *returning* HVMA member and I DO NOT need to update last year's brochure text: You're done! You will be invoiced and renewed via Square.

I am a *new* HVMA member: Complete payment below, then complete ⑥.

PAYMENT CHOOSE ONE ONLY: STEP ④ ON OR BEFORE JAN 15, or STEP ⑤ AFTER JAN 15. In both cases, completed application must accompany payment to qualify for membership. **No exceptions...no application? No membership!** Mail/deliver payment AND completed application to: Lovelyarns / 3610 Falls Road / Baltimore, MD 21211. Email completed PDFs to Melissa at Lovelyarns@gmail.com.

④ I AM PAYING MY DUES ON OR BEFORE JAN 15 to take advantage of last year's lower rate of just \$200 for HVMA dues. After Jan 15, annual dues increase to \$250!

Payment accepted in one of three ways. I enclose a check for \$200. Make check payable to: HVMA

I enclose \$200 in cash. I would like a Square invoice.

⑤ I AM PAYING MY MEMBERSHIP DUES AFTER JAN 15 and enclose \$250. This completed application form must accompany payment.

Payment accepted in one of three ways. I enclose a check for \$250. Make check payable to: HVMA

I enclose \$250 in cash. I would like a Square invoice.

INFO FOR BROCHURE CHOOSE ONE ONLY: ⑥ for NEW MEMBERS. ⑦ for RENEWING MEMBERS. The deadline to submit member information for inclusion in the brochure is February 1.

⑥ I AM A NEW MEMBER. Here is all the information needed for the brochure.

NEW MEMBERS
Enter information as you would like it to appear in the brochure.

BUSINESS ADDRESS _____

DESCRIPTION (LIMIT 25 WORDS—WE WILL EDIT! CONTINUE ON REVERSE SIDE AS NEEDED) _____

BUSINESS PHONE NUMBER _____

BUSINESS EMAIL ADDRESS (1 ONLY!) _____

BUSINESS WEB ADDRESS (1 ONLY!) _____

⑦ I AM RENEWING MY MEMBERSHIP. Here are text changes ONLY to last year's entry.

RENEWING MEMBERS:
Only the changes, please! Enter only what has changed since last year. Your spot corrections will be merged with last year's info.

BUSINESS ADDRESS _____

DESCRIPTION (LIMIT 25 WORDS—WE WILL EDIT! CONTINUE ON REVERSE SIDE AS NEEDED) _____

BUSINESS PHONE NUMBER _____

BUSINESS EMAIL ADDRESS (1 ONLY!) _____

BUSINESS WEB ADDRESS (1 ONLY!) _____