

VILLAGE ALLIANCE

VILLAGE/**ACCESS** CARD

BUSINESS PARTICIPATION FORM

Name of Business: _____

Street Address: _____

Contact Name: _____

Phone: _____

E-Mail: _____

Your Village Access Card Cardholder Benefit:

By signing below, I understand that my business is committing to participation in the Village Access Card program for a six (6) month period commencing with the launch of the program in Spring 2015, after which my business can leave the program at any time with a two (2) day notice, and rejoin the program at any time with a three (3) day notice.

Signature: _____

Date: _____

Return this form to:
Village Alliance
8 East 8th Street
New York, NY 10003

By E-Mail: terri.howell@villagealliance.org