

# VILLAGE ALLIANCE

## VILLAGE/**ACCESS** CARD

### BUSINESS PARTICIPATION FORM

Name of Business: \_\_\_\_\_

Street Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Your Village Access Card Cardholder Benefit:

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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 8<sup>th</sup> Street  
New York, NY 10003

By E-Mail: [terri.howell@villagealliance.org](mailto:terri.howell@villagealliance.org)