



COMMITTEE MEMBERSHIP APPLICATION

Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

Fax: _____

E-Mail Address: _____

EMPLOYMENT INFORMATION:

Employer: _____ Job Title: _____

Please indicate the Main Street committee of which you would like to be a member. Check one:

Design Economic Restructuring Promotion

Can you commit to attending meetings at least once a month and participating in special projects? Check one:

YES NO

Why are you interested in serving on this Main Street committee: _____

Please submit this application to:

Via Mail:
Main Street Greenville
503 Washington Avenue
P.O. Box 422
Greenville, MS 38702

Via Fax:
662-378-3966