



FORT WORTH

DOWNTOWN NEIGHBORHOOD ALLIANCE

PERKS APPLICATION

Name: _____

Date: _____

Mailing Address: _____

Business Name: _____

Email: _____

Phone: _____

Yes, I would like to receive a monthly newsletter

Perks Offer: _____

You will receive a new member packet within (2) weeks of your received application. If you have any questions, please contact:

nicole@dfwi.org

817-484-3716