



Business Membership Application Form

Little Falls Village is a non-profit membership organization helping our older neighbors “age in place”, enjoy life, and remain independent in their own homes by providing assistance and social programs.

Name of business _____

Address _____

Email _____

Telephone _____

Name of person who will coordinate with Little Falls Village _____

Email of person who will coordinate with Little Falls Village _____

Telephone of person who will coordinate with Little Falls Village _____

Become a Business Member and put the name of your business (with link to your website) on our website, weekly “doings!” events calendar, quarterly “Village Voice” newsletter, the Village Directory, and our Annual Report. These email publications reach 180 Little Falls Village members and volunteers directly. Many more receive our publications from friends of via the various neighborhood list serves. Little Falls Village serves seniors in the same community that your business serves; zip code 20816. Little Falls Village is able to provide greater visibility for your business by adding a logo link to our publications, signage at village events, special program sponsor recognitions, etc.

____ Yes, we would like to become Business Members and be listed on your website and in your publications with our website link for one year. Our check is enclosed for \$100 made out to Little Falls Village and mailed in the enclosed envelope.

____ Yes, we would like our company logo displayed on your website and e-publications with our website link for one year. Our check for \$200 is enclosed.

____ We are interested but uncertain. Please contact us to provide more information.

____ We would like to discuss placing an advertisement in your online and print products.

____ Please contact us to *discuss timing and placement.*

