



**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](mailto:nicole@dfwi.org)**

**817-484-3716**