

# NEIGHBORHOOD RETAIL ALLIANCE

## MEMBERSHIP APPLICATION\*

50 Broadway | 24<sup>th</sup> Floor  
New York, NY 10004

**Phone:** (917) 859-3903    **Fax:** (480) 247-4652    **Email:** info@momandpopnyc.com

### GENERAL INFORMATION

Name:	Store:
Phone:	Fax:
Email:	Website:
Store Address:	
City:	ZIP Code:

### ADDITIONAL INFORMATION

Do You live in NYC: YES NO <i>(Please circle)</i>	Number of stores you own:
Number of employees in your store(s):	
Are you a member of a Civic/Business Association? If so, which one(s):	
If you're a wholesaler, how many businesses do you supply?	

\* By filling out this membership application you are agreeing to be part of a coalition that will promote small business interests and prevent the proliferation of big-box retailers like Wal-Mart in New York City. If you have any suggestions or would like to take a more active role in the Alliance please send us an email at info@momandpopnyc.com.

**You can return this form via fax at: (480) 247-4652**