



Okaloosa Arts Alliance

Membership Application For Business

Organization Name: _____

Address: _____ City _____ Zip _____

Telephone: _____ Fax: _____ email _____

Representative: _____

Date Submitted: _____

Annual dues for business membership are \$100 and are for one calendar year beginning upon acceptance of application.

Enclosing Pledging \$ _____

Make checks payable and mail to:

Okaloosa Arts Alliance
P.O. Box 4426
Fort Walton Beach, FL 32549

Signed: _____ Date: _____

Thank you for your support !