

EXHIBIT I-2
of
Port Main Street Inc. By-Laws
Article 8

Supporter Application

Business Information

Company Name:

Phone:

Directory Category:

Number of Employees:

Full-time

Part-time

Physical Address

Street Line 1:

Street Line 2:

City:

State:

Postal Code:

Mailing Address

Same as physical address yes____ no____

Street Line 1:

Street Line 2:

City:

State:

Postal Code:

Primary Contact Information

First Name:

Last Name:

Phone:

Email:

Contact Preference:

Email _____

Phone _____

Primary Contact Address

Same as Member Address Yes____ no____

Street Line 1:

Street Line 2

City:

State:

Postal Code:

Comments / Questions:

Payment Option:

Check included _____

Bill me _____