

BOOST Member Sign-up Downtown Development Authority/ Milledgeville Main Street

| Name: | |
|---|---------|
| | |
| Business Name (if applicable): | |
| | |
| Address: | |
| | |
| Email Address: | |
| Please know that as a BOOSTer we ask that you vote on each | h grant |
| request and the amounts to be given to grant recipients via | email. |
| Phone Number: | |
| Filone Number. | |
| Ana consideration of the sign | Fau 2 |
| Are you ok with your name/business name being recognized publicly as a BOOST | ıer? |
| YES NO | |