

We must have this form returned with your payment in order to update our membership list and your listing on the MBPA website.

2019

BUSINESS NAME: _____

CONTACT PERSON(S): _____

BUSINESS MAILING ADDRESS: _____

BUSINESS STREET ADDRESS: _____

DAYS/HOURS OF OPERATION: _____

TELEPHONE: _____

FAX: _____

EMAIL, please list everyone in your business who needs to receive notices:

WEBSITE: _____

DESCRIPTION OF BUSINESS (200 - 250 words): _____

In order to ensure accuracy, please complete this form even if there are no changes to your contact information or changes to your MBPA webpage.

www.visitmiddleburgva.com

P.O. Box 1384 - Middleburg, VA 20118