



Piedmont Avenue Merchants Association

2017-18 MEMBERSHIP REGISTRATION

Business Name:

Business Address:

Mailing Address if different:

Business Telephone:

Email:

Website:

Owner/Manager:

Contact:

Cell Phone:

Type of Business:

Business days/hours:

Business Anniversary:

(month/year) _____

Thank You!

PAMA

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Have any questions? Email us at contact@piedmontavenue.org