



**Somerville Business & Professional Association**

P.O. Box 307 Somerville N.J. 08876-0307

www.somervillebiz.org 908- 526- 3499

**Membership Application**

Member Dues - \$150

**General Information**

Business name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Web site: \_\_\_\_\_

Corporate Name ( if different ): \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Secondary Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Please describe the nature of your business: \_\_\_\_\_

Usual Business Hours: \_\_\_\_\_

**Participation Questions: (Please circle one)**

1. Would you serve as a board member?                      Yes    No
2. Would you serve as a Promotion Coordinator?            Yes    No
3. Which committee will you serve on?    Mother's Day, Halloween, Christmas, Other
4. Would you participate in a member to member discount program?    Yes    No

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail completed application and payment to the association at the address above.