



SOMERVILLE BUSINESS ASSOCIATION

# Membership Application Form

P.O. Box 307 • Somerville, NJ 08876-0307 • Tel: 908-526-3499

PLEASE PRINT CLEARLY • THIS FORM MAY BE DUPLICATED.

Please check one:  \$100 – New Member Dues  \$150 – Renewal Member Dues

Business Name:

Street Address:

Telephone:

Fax:

Email:

Website:

Corporate Name (if different from above):

Primary Contact:

Title:

Primary Contact 2:

Title:

Please describe the nature of your Business:

Usual Business Hours:

## Participation Questions: *(please check your response)*

1. Would you serve as a Board Member?  Yes  No

2. Would you serve as a Promotion Coordinator?  Yes  No

3. Would you serve on a committee?  Yes  No

4. Would you serve as a block captain to coordinate?  Yes  No

## Please mail this completed application form and a check for your dues to:

Somerville Business Association • P.O. Box 307, Somerville, NJ 08876-0307

Signed by:

Date: