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Date: _____

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BUSINESS NAME / ORGANIZATION / RESIDENT / FAMILY

……

ADDRESS……

PHONE…… **FAX……**

EMAIL……

WEBSITE……

OWNER/ CONTACT PERSON

……

ONE LINE DESCRIPTION OF BUSINESS

……

DUES

Business Membership (based on number of employees)

0-10……$50	26-50……$150
11-25……$100	51+……$200

Non Profit Organization (under 50 emp.)	$50
Non Profit Organization (over 50 emp.)	$100
Community Service Group	$25
Resident/Family	$20

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