

Name of Business: \_\_\_\_\_

Total No. of staff: \_\_\_\_\_

Contact person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Website: \_\_\_\_\_

Facebook: \_\_\_\_\_

Twitter: \_\_\_\_\_

Description of business: \_\_\_\_\_

\_\_\_\_\_

- Type of Associate Membership you are applying for:
- Home-based business with 2 or less employees and non-profits: \$100
  - Businesses with 1 – 3 employees: \$150
  - Businesses with 3+ employees: \$200

**Why would you like to join the North End Business Association?**

I agree to the membership conditions:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Board Approval: \_\_\_\_\_ (Chair)

Date: \_\_\_\_\_