



MEMBERSHIP APPLICATION

Please print legibly or type the information on another sheet.

NAME OF BUSINESS: _____

CONTACT NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT): _____

EMAIL: _____

PHONE: _____

**Please attach your check for \$50 and submit to the address below.
Membership can't begin until your check is received.**

If you wish to be included on the SBPAVT.ORG website, please include the following information.

BUSINESS WEB ADDRESS: _____

GENERAL BUSINESS EMAIL: _____

BRIEF DESCRIPTION OF YOUR BUSINESS: _____

May we include your company in the SBPA labels we provide to members for mailings? _____