



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 \$30 and submit to the address below.
Membership can't begin until your check is received.

If you wish to be included on the sbpavt.com website, please include the following information.

BUSINESS WEB ADDRESS: _____

GENERAL BUSINESS EMAIL: _____

BRIEF DESCRIPTION OF YOUR BUSINESS: _____
