



# NEW MEMBERSHIP APPLICATION

All memberships subject to approval of the board

<b>Business Name:</b>
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Business Address	Mailing Address <small>( if different than business address )</small>
Street:	Street:
City/Town:	City/Town:
Postal Code:	Postal Code:
Phone:	
Email:	Twitter:
Web Site:	Facebook:

Contact Info Primary	Contact Info Alternate
Name:	Name:
Address:	Address:
City/Town:	City/Town:
Postal Code:	Postal Code:
Cell No:	Cell No:
Home Tel No:	Home Tel No:
Email:	Email:

<b>Business Description</b> , give a short description what your business is all about.	<b>No. of Employees:</b> <input style="border: 1px dashed black; width: 100px; height: 20px;" type="text"/>
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<b>Fees</b>	Business      \$75.00 (1 vote)	Add'l Company Listings      \$25.00 (no vote) / attach 2nd application
	Non-Profit Organizations / Associate members      \$35.00 (NO voting priviledge)	

<b>Method of Payment</b>	<i>Please mail Application and Payment to:</i>
<b>Cheque</b> <input type="checkbox"/>	Fall River and Area Business Association, P.O. Box 2027 Fall River, Nova Scotia B2T 1K6
<b>Cash</b> <input type="checkbox"/>	<b>or</b> use interactive application form on our website <a href="http://www.fallriverbusiness.ca">www.fallriverbusiness.ca</a> in combination with PayPal
<b>PayPal</b> <input type="checkbox"/>	

Would you be interested and able to offer FRABA Member-to-Member benefits    **YES**     **NO**

**HOW DID YOU HEAR ABOUT US ?**

The Laker                                   other Advertising                                   FRABA Flyer

Referred by: \_\_\_\_\_                                  Other: \_\_\_\_\_

I submit this application for full FRABA membership with all rights, privileges, and benefits. I understand the information I provide may be published or given out as part of the FRABA's services to its members and public. I understand and agree to be governed by the present and future by-laws of the Association.

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