



MEMBERSHIP FORM

(for payment by cheque or cash only. Please use the online payment form for
Paypal/credit card at www.fallriverbusiness.ca/membership)

COMPANY NAME

NAME (KEY CONTACT)

ADDRESS

CITY/TOWN

PROVINCE

POSTAL CODE

PHONE

EMAIL

WEBSITE

BUSINESS DESCRIPTION

SELECT AN OPTION:

- \$ 75.00/yr BUSINESS (1 VOTE)
- \$ 25.00/yr ADDT'L COMPANY LISTINGS (NO VOTE) - ATTACH 2ND FORM
- \$ 35.00/yr NON-PROFIT ORGANIZATIONS/ASSOCIATE MEMBERS (NO VOTING PRIVILEGE)

Please mail completed form and payment to:

Fall River and Area Business Association, P.O. Box 2027 Fall River, Nova Scotia B2T 1K6

How did you hear about Fall River Business Association?

THE LAKER

FACEBOOK

TWITTER

FRABA ADVERTISING

FRIEND/BUSINESS ASSOCIATE

I submit this form for full FRABA membership with all rights, privileges, and benefits. I understand that the information I provide may be published or shared as part of FRABA's services to its members and the public. I understand and agree to the present and future by-laws of the Association (*Can be viewed at www.fallriverbusiness.ca*)

Signature: _____

Date: _____