

APPLICATION FOR MEMBERSHIP

Feasterville Business Association

P.O. Box 377 Feasterville, PA 19053

Name _____ Title _____

Company Name _____

Business Address _____

Business Phone _____ Cell _____

Business E-mail Address _____ Website Address _____

Do you wish to receive FBA correspondence via e-mail? Yes No

Choose a 1 or 2 word description of business (ex: bank, attorney, carpeting): _____

Home Address (optional) _____

Home Phone (optional) _____

Spouse's Name _____

I hereby apply for membership in the Feasterville Business Association, a Pennsylvania non-profit corporation.

My application fee of \$50.00 and annual dues of \$125.00 accompanies this application.

Signature of Applicant _____

Sponsor _____

ASSOCIATION USE ONLY - DO NOT WRITE BELOW LINE

Date Application Received by Membership Committee _____

Date Accepted by Membership Committee _____

Chairman of Membership Committee _____

Date Accepted by Executive Committee _____

Date Accepted by General Meeting _____