

MEMBERSHIP APPLICATION
MILLERS ISLAND EDGEMERE BUSINESS ASSOCIATION

Company: _____ Type of Business _____
Tavern, Auto, etc.

Title: _____
Owner, Manager, etc.

First Name: _____ Last Name: _____

Middle Name: _____ Preferred Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Fax: _____

email: _____ Mobile Phone: _____

Web Site: _____

Home Address: _____

Home Zip Code: _____ Home Phone: _____

Preferred Mailing Address for Newsletters, etc. (Home or Business)

Preferred Mail: _____

Preferred Zip Code: _____

Date Joined: _____ Sponsor: _____

Dues Amount: **\$100.00** Expires: _____

Committees: _____ Position: _____
Administration for Club Officers
Name of Committee for Members President, Secretary, etc.

Your Birthdate: _____ Anniversary: _____

Spouse's Name: _____ Birthdate: _____