

# MEMBERSHIP APPLICATION



## CONTACT INFORMATION:

Business Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact's Phone: \_\_\_\_\_ Contact's Fax: \_\_\_\_\_  
Contact's E-mail address: \_\_\_\_\_

## WEBSITE LISTING:

Business Name (if different from above): \_\_\_\_\_  
Location Address: \_\_\_\_\_  
Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Website: \_\_\_\_\_  
Services provided (ex: auto repair, dentistry, custom furniture, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other information (ex: business hours, Facebook URL, Twitter URL, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Please email logo to:

mba@madisonmaine.com

### I am interested in the following committees:

- Organization    Promotion  
 Development    Visual Impact

Please enclose a business card, brochure, other business literature or materials you would like to be included in our information file.

Please make checks payable to: **Madison Business Alliance**

Send your completed application and check to:

**Madison Business Alliance**

**P. O. Box 172**

**Madison, Maine 04950**

**ANNUAL DUES: \$25**

- New  
 Renewal

TOTAL ENCLOSED: \$ \_\_\_\_\_