



Somerville Business & Professional Association

P.O. Box 307 Somerville N.J. 08876-0307

www.somervillebiz.org 908- 526- 3499

Membership Application

Membership Dues -\$150 per year

General Information

Business name: _____

Street Address: _____

Telephone: _____ Fax: _____

E-Mail: _____

Web site: _____

Corporate Name (if different): _____

Primary Contact Person: _____ Title: _____

Secondary Contact Person: _____ Title: _____

Please describe the nature of your business: _____

Usual Business Hours: _____

Participation Questions: (Please circle one)

- 1. Would you serve as a board member? Yes No
- 2. Would you serve as a Promotion Coordinator? Yes No
- 3. Which committee will you serve on? Mother's Day, Halloween, Christmas, Other
- 4. Would you participate in a member to member discount program? Yes No

Signed by: _____ Date: _____

Please mail completed application and payment to the association at the address above.