

Somerville Business and Professional Association



139 Sycamore Ave
Bridgewater, NJ 08807
908-725-1893
info@somervillebiz.org
www.somervillebiz.org

MEMBERSHIP APPLICATION

Membership Dues \$150 per year

Business name _____

Corporate Name (if different) _____

Street Address _____

Telephone _____

Fax: _____

Email _____

Website _____

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.