



*Spencer Business Association Membership
Application*



Business Name: _____

Owner's Name: _____

Business Address: _____

City _____ *State* _____ *Zip* _____

Web site address: _____

Do you have a store front: Yes _____ *No* _____

Mailing Address: _____

City _____ *State* _____ *Zip* _____

Phone Number: _____ *email address:* _____

Why do you want to join the Spencer Business Association? | How can we help you?

Type of Business: _____

Products | Services Offered: _____

Signature: _____ *Date:* _____

Approved by the Board of Directors as a member: Yes _____ *No* _____ *Date* _____

If accepted, \$50.00 annual dues paid: Yes _____ *No* _____

