

APPLICATION FOR MEMBERSHIP

Feasterville Business Association

P.O. Box 377, Feasterville, PA 19053

feasterville@gmail.com

215-942-7690

www.feasterville.biz

Name _____ Title _____

Company Name _____

Business Address _____

Business Phone _____ Fax _____

Business E-Mail _____ Website Address _____

Check Committee(s) you may have interest in:

- | | | | | |
|--------------------------------------|---|-------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Blood Drive | <input type="checkbox"/> Easter Egg Hunt | <input type="checkbox"/> Frolic | <input type="checkbox"/> Marketing | <input type="checkbox"/> Golf Outing |
| <input type="checkbox"/> Greeting | <input type="checkbox"/> 4th of July Parade | <input type="checkbox"/> Membership | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Programs |

Choose a 1- or 2-word description of business (*example: Bank, Attorney, Carpeting*): _____

Residence Address _____

Residence Phone _____ Cell Phone _____

I hereby apply for membership in the Feasterville Business Association, a Pennsylvania non-profit corporation. My application fee of \$50.00 and dues of \$100.00 (after July 1st, my application fee of \$50.00 and dues of \$50.00) accompany this application. (Corporate memberships are available).

Signature of Applicant _____

Sponsor _____ Date _____