



DABA MEMBERSHIP APPLICATION

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

WEB ADDRESS (if applicable): _____

NAME OF CONTACT PERSON: _____ **TITLE:** _____

TELEPHONE: _____ **FAX:** _____ **EMAIL:** _____

TAG LINE: (limited to 60 characters/spaces) _____

BUSINESS CATEGORY: (Choose only one)

- Automobile _____ Business Services _____ Community Services _____ Construction _____
- Financial _____ Food / Entertainment/ Lodging _____ Health Services _____ Home and Garden _____
- Insurance Services _____ Legal Services _____ Personal Services _____ Retail _____ Animal Services _____

PLEASE INDICATE YOUR INTEREST IN HELPING WITH THE FOLLOWING DABA ACTIVITIES:

- PICKLEFEST _____ MEMBERSHIP / DIRECTORY _____ SCHOLARSHIP _____
- LITE-UP-NITE _____ MIXER _____

- HOSTING A MONTHLY MEETING AT YOUR LOCATION _____
- HOSTING A NETWORKING MIXER AT YOUR LOCATION _____

APPLICATION IS FOR:

- ANNUAL BUSINESS MEMBERSHIP - (April 1/March 31 each year*)...\$50.00 _____ RENEWAL _____
- ASSOCIATE MEMBERSHIP - (NON-PROFIT / INDIVIDUAL).....\$10.00 _____ RENEWAL _____

* Dues paid January through March are considered dues paid for the upcoming April - March fiscal year.

PLEASE ENCLOSE NON-REFUNDABLE CHECK OR MONEY ORDER (PAYABLE TO DABA) WITH YOUR APPLICATION AND MAIL TO:

**DILLSBURG AREA BUSINESS ASSOCIATION
PO BOX 359, DILLSBURG, PA 17019
717-432-7865**

SIGNATURE: _____ **DATE:** _____

MONTHLY MEETINGS ARE HELD ON THE 4TH THURSDAY OF EVERY MONTH AT 7 PM AT VARIOUS BUSINESS LOCATIONS. THE LOCATION OF EACH MEETING IS ANNOUNCED ON OUR WEBSITE WWW.DILLSBURGBUSINESS.ORG.