



MEMBERSHIP APPLICATION

COMPANY NAME: _____

TYPE OF BUSINESS: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE: _____ **DATE:** _____

EMAIL: _____

WEBSITE: _____

Membership Dues

Membership dues along with attending meetings allows your business one vote at our quarterly meetings. Membership is \$50 annually, checks should be made out to: Maynard Business Alliance and accompany this application. (If necessary, you may make 2 installments of \$25 each. Second payment due 3 months after joining. Any member with financial hardship can apply for a waiver or reduction of fee to the Executive Board.)

How did you hear about the MBA:

Your reason(s) for joining: (please check)

____ To play a role in improving the business vitality of the Maynard retail and service community.

____ To meet fellow Maynard business owners and discuss common goals and challenges.

____ To establish a positive relationship with Town Government and be part of the political decisions affecting the business community.

____ To participate in creating and implementing special events designed to increase consumer foot traffic.

If you would like to join a committee please check: Membership____ Finance____
Events____ Advertisement____

MAIL TO: MBA, P.O. Box 693, Maynard, MA 01754 MBA App. 8/14/12