

**POQUOSON BUSINESS ALLIANCE  
MEMBERSHIP APPLICATION**

**APPLICANT INFORMATION**

Name:

Home Phone:

Mobile Phone:

Current address:

City:

State:

ZIP Code:

**BUSINESS INFORMATION**

Business Name:

Type of Business:

Position:

Phone:

Fax:

E-mail:

Business address:

City:

State:

ZIP Code:

**STATUS**

Circle all appropriate:   Proprietor   Manager   Business Representative   Individual Member

Signature of applicant:

Date:

Dues Received:

By:

Date:

Information provided will be for PBA use only

**Please answer the following questions so that we may better serve you.**

1. Do you want to develop the web pages for your own business on [www.PoquosonBusiness.net](http://www.PoquosonBusiness.net)? (This service is available at no additional cost as part of your basic membership)

2. Would you like to be notified when some PBA members are preparing a group newspaper advertisement at a reduced cost?

3. Would you like to be scheduled for a presentation of your business as part of the monthly PBA membership meeting?

4. Do you have skills that you would be willing to apply to the Poquoson Business Alliance to assist in its leadership?