



Date: _____

Alton Business Association Membership Application

Name of Business:

Mailing Address:

Business Physical Address:

Owner Name: _____ Describe Business:

Phone #: _____ Cell #:

Email: _____ Website:

www. _____

If you have multiple business locations, or additional contact information, please list:

Would you like to be contacted about serving on an ABA Committee: Y ____ N ____

As an ABA member you will receive either an ABA wooden plaque or window decal.

Please indicate your choice: Plaque: _____ Decal: _____

MEMBERSHIP FEES: \$50.00/year beginning January 1st. \$25.00 if you join anytime between July 1st – December 31st. After July 1st, you may also choose to pay \$75.00 for the remainder of the current year and the coming year.

Permission to use your business name and contact information in any press releases or flyers, to include but not limited to, any promotions hosted/sponsored by the Alton Business Association: Yes _____ No _____

Please complete the application and send it with your membership fee to:
Membership Committee, Alton Business Association, P. O. Box 1641, Alton, NH 03809