



Membership Information

Date: _____

2014 Membership Fee: \$50.00 (\$25.00 for each additional business)
(That's less than \$1 per week)

Official/Legal Name of Organization: _____

“d/b/a”: _____

Corporation ___ **LLC** ___ **Sole Owner** ___ **Public** ___ **Other** ___

Is Business in Alton: ___ **Number of Employees:** ___ **Number of Locations:** ___

Type of Business: _____

ABA Contact Person: _____

Contact Email Address: _____

Business Number: _____ **Cell Phone Number:** _____

Business Physical Address: _____

Business Mailing Address: _____

Business Email Address: _____

Web Site: www. _____

Extra Donation (optional – all donation money to go to funding ABA events or to non-profit organizations.)

\$25 ___ **\$50** ___ **\$100** ___ **Other** _____

Permission to use business name and contact information on the ABA Web site, in any press releases or flyers to include, but not limited to, any promotions hosted/sponsored by The Alton Business Association: ___yes
___no

Each member may choose a decal ___ **and/or a plaque** _____. **Please enclose your business card (if you have one) so we can spotlight your business on our web site.**

Please return completed application with fee to:
Alton Business Association
P O Box 1641
Alton NH 03809.

Total Enclosed \$ _____

BE LOCAL

BUY LOCAL

SUPPORT LOCAL