



MEMBERSHIP APPLICATION

Type of Business:
Referred by:

Applicant Information

Name: _____

Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Web Site: _____

Facebook Page: _____ Twitter User Name: @ _____

Please tell us what you would like to achieve as a member of this organization?

Membership Dues and Information

Membership Dues: (please choose your membership type)

- General Membership: \$180.00
- Corporate Sponsor: \$500.00

Payment Options:

- Check Enclosed
(Please make check payable to "Warren Business Association")
- Charge this Credit Card:

Card #: _____

Name on Card: _____

Expires On: _____

Security Code: _____ Billing Address Zip Code: _____

Membership Information

- The mission of the Warren Business Association is to help people grow their business by helping them get connected with the resources they need to **ACHIEVE GREAT THINGS**. Our meetings and events focus on providing our members with the **SUPPORT, INSPIRATION, and RESOURCES** they need to build a successful business.
- Members are encouraged, not required, to attend the regularly scheduled meetings. Membership benefits may be achieved based upon your attendance, recruitment, and referral performance.
- Benefits include **ACCESS** to all regular meetings, **LISTING OF ONE REPRESENTATIVE** in online directory, and more. Ask for further details.
- **CORPORATE SPONSORSHIP** provides for **LISTING OF MULTIPLE REPRESENTATIVES** in online directory; special **RECOGNITION** at events; **ADVERTISEMENT** on our web site and weekly emails; and more. Ask for further details.
- Application will not be accepted unless accompanied by payment of the annual dues. The dues are non-refundable upon acceptance and approval of this membership application.

Acknowledgement and Agreement

I hereby apply for membership with Warren Business Association ("WBA") and acknowledge that the information provided on this application is true and accurate to the best of my knowledge. If this application is accepted, I authorize the WBA to call or e-mail me regarding any events, activities, and benefits available to WBA members. I agree that it is my responsibility to exercise due diligence and ethical treatment in my dealings with all WBA members. I waive and release the WBA and each of its owners, agents, and representatives of any liability or losses arising out of the actions or inactions of WBA members.

Signature: _____ Date: _____

Print Name: _____

**PLEASE BRING APPLICATION WITH PAYMENT TO A MEETING OR MAIL TO:
WARREN BUSINESS ASSOCIATION | P.O. Box 1642 | WARREN, MI 48090**