



Member Application

Membership No. _____

Member Name _____

Name of Business _____

Nature of Business _____

Address _____

City _____

Postal Code _____

Phone Number _____

Fax Number _____

Email Address _____

Area of Interest _____

Membership Fee Paid \$ _____ Cash ___ or Cheque ___ Cheque # _____

Terms of Membership

- Any owner, partner, corporate officer or designated representative of any recognized business or profession located in or with offices in the Town of Pelham, or any other town, whose business or activity has business interest involving citizens of the Town of Pelham or with the Pelham Business Association is eligible to become a member of the Pelham Business Association.
- The dues of the Pelham Business Association are \$156.00 due in full with membership application and annually at anniversary date.
- Each fully paid member shall have one vote.

Signature Date

For more information contact Wolfgang Sterr, Director of Membership at 905.892.6167 or Sue Teleki, Treasurer at 905.892.4441.



Receipt

Membership No. _____

Received From _____

Amount \$ _____

Signature Date