



West Bay Business Association
Membership Application

Date: _____

New or Renewal (circle one): N R

PLEASE CAREFULLY COMPLETE AND REVIEW THE FOLLOWING INFORMATION FOR YOUR MEMBERSHIP RECORD. PLEASE PRINT CLEARLY.

Business Name: _____

Business Address: _____

Check all that apply: Local Permit Corporation Residing or doing business in West Bay

Main Contact First Name: _____ Last Name: _____

Title: _____ Bus. Phone: _____ - _____

Home: _____ - _____ Cell: _____ - _____

Business Email: _____ @ _____

Main Contact E-mail _____ @ _____

FEES ARE FOR ONE YEAR OF MEMBERSHIP.

Membership Type:

General & Associate Membership (please indicate business size)

_____ \$100 / Small Businesses (15 or less employees)

_____ \$200 / Medium Business (16 – 30 employees)

_____ \$300 / Large Businesses (31 - 100 employees)

_____ \$400 / Grand Business (101 employees or more)

Supporting Membership

_____ \$100 Corporate Partners

_____ \$50 Individual Supporters

Associate Member

PAYMENT METHOD Cash Check MAKE CHECKS PAYABLE TO WBBA ASSOCIATION Bank Transfer.

Name on check or transfer: _____ Check # _____ Bank: _____

MAIL OR DROP OFF THE MEMBERSHIP APPLICATION ALONG WITH PAYMENT TO:

WBBA Association, Treasurer, Laura Moulder, Phone: (504)9663-6317 , lauramoulder@gmail.com

Directory and Website Information:

INDICATE BELOW CONTACT INFORMATION AS YOU WISH IT TO APPEAR ON THE WBBA WEBSITE, DIRECTORIES, ETC.

Business Name: _____

Business Address/Location: _____

Brief Business Description: _____

Contact Name/Title: _____

E-mail: _____ Website: _____

Phone/Cellular/Fax (provide all that you wish listed): _____

I HEREBY AUTHORIZE WBBA TO POST THIS INFORMATION ABOUT ME AND MY BUSINESS ON IT'S WEBSITE AND PUBLISH IT IN A DIRECTORY TO FACILITATE REFERRALS, CONSULTATION AND COLLABORATION. I UNDERSTAND THAT, FOR PRIVACY AND SECURITY REASONS, IT MAY NOT BE ADVISABLE TO INCLUDE MY HOME ADDRESS AND PHONE NUMBER. I FURTHER UNDERSTAND THAT MY NAME WILL NOT APPEAR ON THE WEBSITE OR IN THE DIRECTORY IF I DO NOT SIGN AND DATE BELOW.

Please acknowledge by signing below if you authorize the WBBA provide your listing information to outside associations or entities. If you do not sign below, your entity information will not be made public.

Signature: _____ Date: _____

COMMITTEE INTEREST INFORMATION:

Which of the following committees would you be able or like to participate in?

- Marketing/Advertising
- Events and entertainment
- Visual Enhancement
- Finance
- Membership
- Unable at this time
- I am interested in serving on WBBA's Board of Directors

By: _____ Signature: _____
(please print)

Date: _____

For Office Use Only:

Received By: _____ Date: _____

Payment information: Cash/Trans/Chk Amount/#/Bank: _____

Effective Date: _____ to _____

Membership File Copy Made

Status (offc use): _____

E-mailed to: WBBA Secretary WBBA Treasurer