

Chester Business Association Membership Application

Business Name _____

Business Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Web Address _____ E-mail _____

Principal product/service _____

Check One

Proprietorship _____ Partnership _____ Corporation _____ Non Profit _____

Representatives:

1. Name _____ Title _____ E-mail _____

2. Name _____ Title _____ E-mail _____

Years in Business _____

Recommended for Membership by:

Name: _____

Business: _____

Applicant's Signature: _____ Title _____ Date: _____

Membership Committee Approval Date _____

Board of Directors Approval Date _____

Application Fee \$5.00 / Annual Dues 25 employees or less - \$50.00; more than 25 employees - \$100.00

Please return with payment to:

**Chester Business Association
Attention: Membership Chairman
100 Pennell Street
Chester, PA 19013**