



DABA MEMBERSHIP APPLICATION

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

WEB ADDRESS (if applicable): _____

NAME OF CONTACT PERSON: _____ TITLE: _____

TELEPHONE: _____ FAX: _____ EMAIL: _____

TAG LINE: (limited to 60 characters/spaces) _____

BUSINESS CATEGORY: (Choose only one)

Automobile _____ Business Services _____ Community Services _____ Construction _____
Financial _____ Food / Entertainment/ Lodging _____ Health Services _____ Home and Garden _____
Insurance Services _____ Legal Services _____ Personal Services _____ Retail _____ Animal Services _____

PLEASE INDICATE YOUR INTEREST IN HELPING WITH THE FOLLOWING DABA ACTIVITIES:
PICKLEFEST _____ MEMBERSHIP / DIRECTORY _____ SCHOLARSHIP _____
LITE-UP-NITE _____ MIXER _____

HOSTING A MONTHLY MEETING AT YOUR LOCATION _____
HOSTING A NETWORKING MIXER AT YOUR LOCATION _____

APPLICATION IS FOR:
ANNUAL BUSINESS MEMBERSHIP - (April 1/March 31 each year*)...\$50.00 _____ RENEWAL _____
ASSOCIATE MEMBERSHIP - (NON-PROFIT / INDIVIDUAL).....\$10.00 _____ RENEWAL _____

*Newly paid members joining this January through March are considered dues paid for the upcoming fiscal year.

PLEASE ENCLOSE NON-REFUNDABLE CHECK OR MONEY ORDER (PAYABLE TO DABA) WITH YOUR APPLICATION AND MAIL TO:

DILLSBURG AREA BUSINESS ASSOCIATION
PO BOX 359, DILLSBURG, PA 17019

SIGNATURE: _____ DATE: _____

MONTHLY MEETINGS ARE HELD ON THE 4TH THURSDAY OF EVERY MONTH AT 7 PM
AT VARIOUS BUSINESS LOCATIONS. THE LOCATION OF EACH MEETING IS ANNOUNCED ON
OUR WEBSITE WWW.DILLSBURGBUSINESS.ORG.