

Date:

## PERSONAL INFORMATION -This information is kept private

Name:

Phone Number:

Mailing Address:

Email Address:

## BUSINESS INFORMATION -This information will be published on our online directory

Business Name:

Business Phone Number:


Business Address:

Business Email Address:

Website:

Type of Business:

## ADDITIONAL INFORMATION

Is your business active on social media?  y  n    @:

Are you interested in hosting a membership meeting/event?  y  n

Are you interested in joining an MSBA committee?  y  n

## PAYMENT/ANNUAL DUES

Annual dues of \$199.00 is due with this completed application. Checks can be made payable to: Maple Shade Business Association.

Credit Card Payment with Automatic Renewal OR  Invoice Annually

Credit Card Number:

Cardholder Name:

Expiration Date:

Security Code:

Billing Zip Code:

I hereby authorize the MSBA to charge my credit card number listed above on an annual basis for the amount of \$199.00. If the annual amount changes, the MSBA will provide written notification of the new amount prior to the first scheduled transaction date for that new amount. This automatic renewal is to remain in full force and effect until the MSBA has received written notification from me of termination of membership. Written notice may also be provided to manager@thinkmapleshade.com.

Signature:

Date: