



Membership Application

PLEASE MAIL OR FAX APPLICATION TO Boston North Business Association

APPLICATION INFORMATION

BUSINESS NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHYSICAL ADDRESS _____

CITY _____ STATE _____

ZIP _____ PHONE _____ FAX _____

CELL _____ EMAIL _____

WEBSITE Http://www. _____

REPRESENTATIVE _____

BUSINESS DESCRIPTION _____

REFERRED BY _____

I would like to offer a member to member discount _____

Payment Method: (membership is effective upon receipt of payment. Annual fee \$195.00 Nonrefundable)

- Check
- Online Credit Card Payment

I have read and agreed to Boston North Business Association terms of use, Business conduct and By-laws.

Signature: _____

Date: / /

FOR OFFICE USE ONLY Member # _____

_____ Membership Date _____ Ambassador Mentor _____