



WPBA Membership Application

Company Name: _____ Date: _____

Owner's Name: _____ Partner Name: _____

Business Address or preferred mailings: _____

Phone # of Business: _____ Fax#: _____

Email: _____ Website: _____

Contact Person: _____ Title: _____

Hours of Operation: _____ Best time for contact: _____

Number of Employees: _____ Years in Business: _____ Years employed: _____

Type of Business (Brief description of business):

Retail () Service () Self Employed () Other ()

What category on our website best serves your needs? _____

Reason for joining organization? _____

Total Cost of Membership is \$125.00 per year.

Annual Dues are prorated depending on date application is received.

Invoice will be mailed.

Please DO NOT submit payment with application.

Mailing Address:

Woodstown-Pilesgrove Business Association

PO Box 86 Woodstown, NJ 08098

Visit us at: www.Woodstown-Piesgrove.com

Monthly Membership Meetings are held every 2nd Thursday