



APPLICATION FOR MEMBERSHIP
Feasterville Business Association

P.O. Box 377 Feasterville, PA 19053

Name _____ Title _____

Company Name _____

Business Address _____

Business Phone _____ Fax _____

Business E-mail Address _____ Web Site Address _____

Do you wish to receive FBA correspondence via e-mail? ___ Yes ___ No

Do you wish to have you e-mail published in the FBA annual Directory? ___ Yes ___ No

Choose 1 or 2 word description of business (example: Bank, Attorney, Carpeting): _____

Residence Address _____

Residence Phone _____

Spouse's Name _____

I hereby apply for membership in the Feasterville Business Association, a Pennsylvania nonprofit corporation. My application fee of \$50.00 and dues of \$100.00 (after July 1st, my application fee of \$50.00 and dues of \$50.00) accompany this application).

Signature of Applicant _____

Sponsor _____

(Must be Member in Good Standing)

ASSOCIATION USE ONLY – DO NOT WRITE BELOW LINE

Date Application Received by Membership Committee _____

Date Accepted by Membership Committee _____

Chairman of Membership Committee _____

Date Accepted by Executive Committee _____

Date Accepted by General Meeting _____

New Member Given:

Membership List

Membership Roster

Plaque