



APPLICATION FOR MEMBERSHIP IN THE HOQUIAM BUSINESS ASSOCIATION

P.O. Box 247 Hoquiam, Washington 98550
Email: Hoquiambusiness@gmail.com
(360) 591-5146

Full Business Name _____ Name of Representative _____

Business Street Address _____ City/State/Zip Code _____ Phone Number _____ Fax Number _____

Email: _____ Nickname _____

Residence Address: _____ Home Phone _____

City: _____ State: _____ Zip Code: _____

Circle Type of Membership: Professional / Association / Corporation / Partnership / Gov't Entity / Estate

Circle Type of Business Interest in Hoquiam: Professional / Retail / Industrial / Commercial

Circle All Type(s) of Current Licensing: Professional / State / City / Other (Write In)

Signature of Applicant: _____ Date: _____

Print Name of Applicant: _____

****2010 Membership Dues** (Circle Your Membership Below)**

- \$50 - Friend of Hoquiam Business – Basic Member
- \$200 - Friendly Hoquiam Business
- \$500+ - Really Friendly Hoquiam Business

Are there particular projects you would like to see HBA participate in the next year? If so, what and how would HBA participate? _____

What type of contributions and participation do you intend to have with HBA during the next 12 months? _____

What is the most important thing HBA can do for you this year and how are you willing to help? _____

Would you participate in: (Circle All That Apply) Joint Marketing Efforts / Board Member

-Officer- Committee of HBA / Special Projects of HBA / Training-Educational Seminars?

Additional Comments: _____

Please find enclosed my 2010 annual membership fees in the amount of \$ _____ Cash/Check.

THIS APPLICATION MUST BE COMPLETE, SIGNED AND MAILED WITH PAYMENT TO THE ADDRESS ABOVE OR HAND-DELIVERED TO ANY BOARD MEMBER