

# Penns Valley Business Network

## Membership Application

Applicant Name: \_\_\_\_\_  
Business/ Professional Name \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_ Zip \_\_\_\_\_ Township \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_ Zip \_\_\_\_\_ Township \_\_\_\_\_  
Business Telephone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Web Address: \_\_\_\_\_

Business of Applicant including description of operations:

I have read and agree to abide by the General Agreements of the Penns Valley Business Network.      yes \_\_\_\_\_      no \_\_\_\_\_

Sponsoring Member: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Officer Signature

\_\_\_\_\_  
Date Approved

Dues are \$100 quarterly (prorated to \$35.00 per month for new members for partial quarters) and are due April 1, July 1, October 1 and January 1. They are due and payable upon approval by the Network.

\_\_\_\_\_  
Amount Paid

\_\_\_\_\_  
Date Received