



## Application for Membership Justin Business Association

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_ (As to be written on advertisements)

Contact Name & Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone 2: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Website: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

### Annual Investment:

Individual .....\$50

Non-Profit Organization .....\$75

### Business

(2-5 Employees) .....\$100

(6-10 Employees) .....\$200

(11-24 Employees) .....\$300

(25+ Employees) .....\$500

Corporate, Utility Franchises, Etc.....Call for Info

Membership is Annual From April 1st.

Mail Payment to PO Box 875, Justin 76247. 940-648-0382