



**West Side Association Application Form**

Member Name \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

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

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Website \_\_\_\_\_

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

Yes, I would like to become a member of West Side Association. I understand annual membership dues are \$150.00 for businesses of 6 or more employees. Small businesses with up to 5 employees (including the owner) pay \$75.00 per year. I agree to pay dues annually until I request that my membership be discontinued.

Please send my membership invoice, future meeting announcements, and other correspondence to the address above.

Signature \_\_\_\_\_