

SHELBURNE



BUSINESS &
PROFESSIONAL
ASSOCIATION

Membership Form

Date _____

- New member

- Updated membership information

Business Name: _____

Contact Person: _____

Mailing Address: _____

Street Address (if different): _____

Email: _____

Phone: _____ Fax: _____

Information for Your Business on the SBPA Website

Business Name: _____

Contact Person: _____

Mailing Address: _____

Street Address (if different): _____

Email: _____

Website: _____

Phone: _____ *Fax:* _____

800 Phone # _____

Please provide a short description of your company:

Add more information on a separate sheet

Please include a picture of your business and/or logo (preferably in JPEG or GIF) that you would like to have included on the SBPA site

We are also looking for pictures of Shelburne that we can put on the site.

I would like to help on the following:

Farmers Market (June to October)

Shelburne Day (Third Saturday in August)

I will offer a discount on a product or service to fellow SBPA members (describe):

May we include your company in the SBPA labels we provide to members for mailings?

Yes No

This is your invoice
Please mail this form and your check for \$50.00 to:
SBPA, PO Box 383, Shelburne, VT 05482