

# APPLICATION FOR MEMBERSHIP



# PARKROSE BUSINESS ASSOCIATION

Please print clearly

No. of Employees in your business \_\_\_\_\_ Date \_\_\_\_\_

Business Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Cell \_\_\_\_\_ Additional numbers \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_ website \_\_\_\_\_

Representative from your company \_\_\_\_\_

Description of your company \_\_\_\_\_

Membership Fee \$ \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_ Cash \_\_\_\_\_

1-3 Employees in your company \$90.00

4-10 Employees in your company \$140.00

11+ Employees in your company \$175.00

Mail check with your completed application to PBA, Box 301326, Portland, OR 97294