



Date: _____

Membership Application

PO Box 1, Port Ewen, NY 12466

(845) 384-1650

esopusalliance@gmail.com

Membership renewal date is June 1. Dues will be prorated for new members.

Current Rate : \$40 annual dues (additional \$25 for second business)

Your Name & Position _____

Business name _____

Business Address _____

Mailing (if different) _____

How did you find out about EBA? _____

Telephone _____

Website _____

Facebook _____ Other _____

email address (log-in ID for directory listing) _____

Business Description _____

Personal contact info if different

Telephone _____ email _____

Optional (but appreciated) sponsorship of Mixer (@\$150) _____

Dues Paid \$ _____ plus sponsorships paid _____ = total _____

Please make checks out to: Esopus Business Alliance

I am interested in being involved in these committees / positions: circle all that apply

Social/Events Clerical Public Relations Membership team Website Board