



Membership Application

PO Box 1, Port Ewen, NY 12466

(845) 384-1650

esopusalliance@gmail.com

Dues payable upon joining. Membership term is for one year, beginning on month of joining.

Current Rate : \$40 annual dues

How did you find out about EBA? _____

Date: _____

Business name _____

Business Address _____

Mailing (if different) _____

Your Name & Position _____

Telephone _____ Fax _____

Website _____

email (log-in ID for your 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 Web/email Board Other _____