



Date: _____

Membership Application

PO Box 1, Port Ewen, NY 12466

(845) 384-1650

esopusalliance@gmail.com

Annual Dues.....\$50 (additional \$25 for second business listing)

Your Name & Position _____

Business name _____

Business Address _____

Mailing (if different) _____

How did you find out about EBA? _____

Telephone _____

Website _____

Facebook _____ Other _____

business email (this is your directory log-in ID) _____

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