

JONESVILLE BUSINESS ASSOCIATION MEMBERSHIP APPLICATION 2024

CATEGORY OF MEMBERSHIP (CIRCLE ONE)

NEW

RENEWAL

TYPE OF MEMBERSHIP (CIRCLE ONE)

NONPROFIT

BUSINESS

INDIVIDUAL

ORGANIZATION, BUSINESS, OR INDIVIDUAL NAME

FIRST NAME (ORGANIZATION OR BUSINESS)

LAST NAME

CONTACT PERSON: _____ BUSINESS PHONE: _____

EMAIL ADDRESS: _____ MOBILE PHONE: _____

MAILING ADDRESS: _____ WEBSITE: _____

_____ SOCIAL MEDIA: _____

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

JBA MEMBERSHIP DUES ARE \$30 PER YEAR.

TO BECOME A MEMBER OR RENEW MEMBERSHIP, PLEASE SUBMIT YOUR

COMPLETED FORM W/ MEMBERSHIP DUES TO:

JONESVILLE BUSINESS ASSOCIATION

PO BOX 124

JONESVILLE, MI 49250

MAKE CHECKS PAYABLE TO **JONESVILLE BUSINESS ASSOCIATION**

INTERNAL USE ONLY

DATE APPLICATION RECEIVED: _____ DATE PAYMENT RECEIVED: _____

PAYMENT TYPE (CIRCLE ONE): CASH CHECK MONEY ORDER CHECK #: _____

PAYMENT AMOUNT: _____ APPROVED: YES NO