

Gloucester City Business Association

P.O. Box 602

Gloucester City, New Jersey 08030

MEMBERSHIP APPLICATION

Full Name of Firm _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-Mail _____

Type of Business or Service _____

Name of Person to attend Meetings _____

Date _____ Amount Enclosed _____

Rates for the Annual Dues are as follows:

Initial Dues.....\$ 125.00

Renewal Dues.....\$ 125.00

Membership fiscal year.....July 1 to June 30

Please make checks payable to:

Gloucester City Business Association

Thank you,

Membership Committee

Sponsor _____

Remarks :