



MEMBERSHIP APPLICATION

Please take a moment to complete the business profile below so that we can complete your PABA membership and add you to the DiscoverPhoenixville.com business directory.

Business Name: _____

Contact Name: _____ Title or Position: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone 1: _____ Work Phone 2: _____

Mobile Phone: _____ Fax: _____
(For internal use only, will not be published)

Email: _____ Website: _____
(For internal use only, will not be published)

Hours of Operation: _____

Business Category: Shopping Service Restaurant Entertainment

Business Description: *(Please use additional paper if necessary)* _____

What makes your business different? _____

Special Notes: *(Parking, handicap access, etc.)* _____

Interested in learning about banner advertising opportunities? Y N

Do you have a photo to supply? Y N If no, would you like one taken? Y N

MEMBERSHIP FEES:

0-5 employees \$75/year 6+ employees \$125/year Non-Profit (must be verified) \$70/year

Please make your check payable to "Phoenixville Area Business Association" and mail along with this application to:

Phoenixville Area Business Association
P.O. Box 235
Phoenixville, PA 19460

Thank you for your membership contribution to PABA and your interest in the future of Phoenixville and the area's business community.