

Millersville Business Association
Serving Businesses, Community and Government

Application for Membership

General Company Information:	
Company Name:	
Phone:	Physical Address:
Fax:	
Web site:	Mailing Address:(if different than above)
General E-mail:	
Contact Information MUST be completed	
Business Category: (i.e. Senior Care, Banking, Food Service)	
Main Company Contact:	Title:
E-mail:	Phone: Ext:
Other Key Contact(s):	
Name:	Title:
E-mail:	Phone: Ext:
(If different than contact above, please fill in the following:)	
Your Name:	Title:
Mailing Address:	E-mail:
	Phone: Ext:
	Fax:

I understand the benefits of Millersville Business Association membership to my company and its employees. I recognize that our support of the Millersville Business Association as demonstrated through our membership, contributes to a positive business climate and quality of life for the Millersville area. To the best of my ability I will help to serve other businesses, the community and local government through my participation in Millersville Business Association sponsored events. I will follow the Code of Business Practices set forth by the Better Business Bureau and will carry out ethical business practices.

Signature:

Date:

(Please Sign)

Membership Level: (Please indicate)

\$200 Executive Membership

\$75 Membership

Checks made payable to: Millersville Business Association

Once Completed, Please mail this form and accompanying check to:

**P.O. Box 133
Millersville, PA 17551**