

NEW MEMBERSHIP APPLICATION



If you would like to become a member, please return this Membership Application with your remittance to the Holmen Business Association, P.O. Box 163, Holmen, WI 54636. A Membership plaque will be available to you upon receipt of your dues. If you would like an invoice, please contact us at HolmenBusiness@gmail.com.

MEMBERSHIP INFORMATION (please type or print)

Business Name:			
Contact Name:		Title:	
Address:			
City:		State:	Zip:
Phone #:		Cell #:	
Business Category:			
Email Address:			
<p>Note: We will only use your email address to send you information from HBA. If you wish your email listed on the website, please indicate below. Your email address will not be distributed in any way.</p>			
Website Address:			
<input type="checkbox"/> Please list my COMPANY INFORMATION on the HBA website <input type="checkbox"/> Please list my EMAIL INFORMATION on the HBA website <input type="checkbox"/> Please use my LOGO on the HBA website (email your logo to HolmenBusiness@gmail.com)			
<p>Additional Contacts to be included in Membership (to receive newsletters, emails notices, announcements, etc).</p>			
Name:	_____	Email:	_____
Name:	_____	Email:	_____

Annual Dues – Enclosed–	<input type="checkbox"/> \$100 Business	<input type="checkbox"/> \$60 Civic /Non-Profit
TOTAL AMOUNT ENCLOSED		\$