

Williamsburg Business Alliance LLC (WBA)

MEMBERSHIP APPLICATION

COMPANY INFORMATION

Company Name _____

Mailing Address _____

Phone: _____ Fax: _____

Website: _____ Email: _____

PRIMARY CONTACT

Name: _____ Title/ Position: _____

Phone: _____ Fax: _____

Email: _____

Are you required by any State or Federal agency to carry licensing? Yes No

If yes, what licensing is required? _____

Please provide copy of pertinent documents.

To uphold the integrity of the WBA, please provide two references from WBA members, and one professional reference:

WBA member: _____ Phone: _____

WBA member: _____ Phone: _____

Professional reference: _____ Phone: _____

APPLICATION FEE

One-time application fee \$25.00.

Fee Remitted with application: \$ _____ Check # _____

The undersigned hereby applies for membership in the WBA. If accepted as a member, I/we agree to:

1. Abide by the Bylaws of the Williamsburg Business Alliance and all amendments hereto;
2. To observe the Code of Conduct, and to uphold the integrity of, the Williamsburg Business Alliance.

Signature: _____ Date: _____