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**The Fowlerville Business Association**

**MEMBERSHIP APPLICATION**

Name of Business \_\_\_\_\_  
 Business Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Name of Owner/ Manager \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
 Web Site \_\_\_\_\_  
 Billing Address (If other than above) \_\_\_\_\_

Please select the best method to keep you informed of association information: \_\_\_ E-mail \_\_\_ Phone \_\_\_ Fax \_\_\_ Mail

**Annual Membership Dues** (Check the appropriate information)

Primary Business	\$250.00	_____
Additional Business	\$150.00	_____
Non-profits/ Organizations	\$100.00	_____
Associate Members	\$100.00	_____

**Membership Fee:**

\_\_\_\_\_

**Total** \_\_\_\_\_

Would you be interested in serving on a committee?  
 \_\_\_ Yes \_\_\_ No

**Please write a brief description of your business services:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please briefly describe why you are joining the FBA:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

Check enclosed for \$ \_\_\_\_\_ Or Charge my Visa / MasterCard (circle one)  
 Name on card \_\_\_\_\_ Exp Date \_\_\_\_\_  
 Card Number \_\_\_\_\_ X \_\_\_\_\_  
 Signature of card holder