



## **Membership Application**

**Company Name:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_

**Business Fax:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Web address:** \_\_\_\_\_

**Business Description for website (optional):** \_\_\_\_\_

**Annual Dues = \$40.00**

**Amount Paid:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please send completed form and payment to:**

**Rossford Business Association, c/o Cindi Hollie-Selz, P.O. Box 85, Rossford, OH 43460**