ROSSFORD BUSINESS ASSOCIATION

2010 REGISTRATION

___ New Member ____ Renewal

Company Name _____

Contact Person Last Name

Contact Person First Name

Business Street Address

City Zip Code

Phone **WORK**

Phone **HOME**

Email Address (required)

Annual Dues are $40.00 Amount Paid _____ Date _____

Please mail completed form to**:** **Rossford Business Association, c/o Cindy Hollie-Selz, P.O. Box 85, Rossford, OH 43460**