

# Membership Form

July 1, 2017 to June 30, 2018

**Date:**

Renewal     New Member

**Level (self-select!):**

- \$75 — Independent Business Owner or Non-profit
- \$150 — Small Business
- \$275 — Large Business

**Make checks out to W7BA and mail to:  
PO Box 16582, Saint Paul, MN 55116**

As a benefit of membership, you are listed in our directories - [www.w7ba.org](http://www.w7ba.org)

**Business/Organization Name:**

**Contact Person:**

**Address:**

**City:**

**State:**

**Zip:**

**Office Phone:**

**Fax:**

**Cell Phone:**

**Email:**

**Website:**

**Number of years in business:**

**Number of years at this location:**

**Please tell us about your business/organization:**



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**Date:**

Your Receipt

**Annual West 7<sup>th</sup> Business Association Membership Dues 2017/2018**

**Amount Paid: \$**

**Check #:**

**Thank you!**