



Waterboro Association
of Businesses, Inc.

MEMBERSHIP APPLICATION

*Annual Membership Fee: \$35.00 per business
(please return with form)*

Business Name: _____

Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Business Phone: () _____ Other Phone: () _____

Fax: () _____ Email: _____

Web Address: _____

Contact (your name): MR MS MRS _____

Title: _____ Year Business Started: _____

Industry of Business: _____ No. of Employees: _____

This application is submitted in consideration for membership in the Waterboro Association of Businesses, Inc. (WAB). I understand benefits are offered at the sole discretion of the WAB and may vary by availability, vendor, or state of residence of member. I understand that the term of my WAB membership shall be renewable every September 1st. I understand that my WAB membership will automatically renew for successive one year terms unless I give written notice in writing to the WAB of my desire to cancel my WAB membership at least thirty (30) days before the end of the Initial Term 90 day trial period of any renewal term. While contributions or gifts to the WAB are not tax deductible as charitable contribution for Federal Income Tax purpose, they may be deductible under other provisions of the Internal Revenue Service Code. Terms subject to change without notice.

Signature: _____ Date: _____