



# Madison Business Alliance Membership Application

## CONTACT INFORMATION:

Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact's Phone: \_\_\_\_\_ Contact's Fax: \_\_\_\_\_

Contact's E-mail address \_\_\_\_\_

## WEBSITE LISTING (please fill this out, even if you are renewing):

Business Name (if different from above): \_\_\_\_\_

Location Address: \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Website: \_\_\_\_\_

Services provided (ex: auto repair, dentistry, custom furniture, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

Other information (ex: business hours, Facebook URL, Twitter URL, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

## Business Of The Week Information:

Business Name as you want it to appear on marquee: \_\_\_\_\_

Second Line of marquee (Website, address, phone number, quote?): \_\_\_\_\_

\*\*\*\*\*Email logo to:\*\*\*\*\* [madisonbusinessalliance@gmail.com](mailto:madisonbusinessalliance@gmail.com)

Please enclose a business card, brochure, other business literature or materials you would like to be included in our information file.

Make checks payable to: **Madison Business Alliance**  
Send your completed application and check to:

**Madison Business Alliance - P. O. Box 172, Madison, Maine 04950**

**ANNUAL DUES: \$40**     New     Renewal TOTAL ENCLOSED: \$ \_\_\_\_\_