

Slippery Rock Business Association

Your Source for Everything Slippery Rock



Membership Application Form

Business Information:

Company Name: _____

Owner's Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Website: _____

Please check which category best describes your business:

 #1 Food, Drink, Dining and Entertainment

(i.e. Restaurants, Food Sources, Fun Spots)

 #2 People, Places and Things

(i.e. Doctor/Physician, Church/ Worship Place, Destinations, Health & Fitness, Recreation & Education)

 #3 Service and Shopping

(i.e. Auto, Insurance, Bank, Services, Specialty Stores)

Annual Membership Dues \$85

Date Paid: _____

Cash _____ (rec'd by) _____ Check _____ (make checks payable to SRBA)

Please mail this sheet and dues to:

Slippery Rock Business Association

P.O. Box 335

Slippery Rock, PA 16057