New Member *or* **Member Renewal**
Text to: 519-881-7435 or email: sbcba.secretary@gmail.com
Or mail to: SBCBA Membership C/O Dawn Schiestel
P.O. Box 378 Teeswater, ON N0G 2S0
E-transfers - **treasurer@sbcba.ca**

SBCBA
SOUTH BRUCE COMMUNITY AND BUSINESS ASSOCIATION

Company Name: _____**Owner/Contact:** _____

Physical Address: _____**Town:** _____ **Postal Code:**_____

Mailing Address (if different from above): _____

Best Phone # to reach you: _____ **Email:** _____

Website: _____ **Social Media Outlets:** _____

Brief Description of your company: _____

Would you be interested in joining our Board of Directors? Yes: _____ No: ___

Membership Level Check box that applies – Cheques are to be made payable to SBCBA	$ Dues/Year
☐ **Business / Civil / Home Business** * Opportunity to display in some marketing materials * Networking opportunities * Website listing of your company * Training opportunities * Voting rights	100.00
☐ **Non-profit Organizations** (Service Clubs, Churches etc.) **** Same opportunities as above	25.00
☐ **Individual/Affiliate Membership** Non-business citizen-resident of Municipality of South Bruce *No voting rights	25.00
Method of Payment: ◯ **Cheque #** or ◯ **E-transfer** **TOTAL**	
☐ **NEW BUSINESSES JUST STARTING UP WILL RECEIVE A COMPLIMENTARY FREE ONE-YEAR MEMBERSHIP TO THE SBCBA – Please return this form**	**FREE**

Please check one category that your business should be listed under:

◯ Agriculture & Farm Services   ◯ Building Contractors & Suppliers   ◯ Retail

◯ Automotive Services   ◯ Business & Financial   ◯ Service Club

◯ Beauty & Aesthetics   ◯ Restaurants   ◯ Specialty – Retail /Service/ Entertainment

Thank you for supporting the SBCBA! Visit us at **www.SBCBA.ca** and 👍Like us on **f**

I agree that my name and the above information can be shared with other SBCBA members, and for SBCBA functions/advertising.

Signature: _____   Today's Date: _____

**** *PLEASE RETURN A COPY OF THIS FORM TO* *sbcba.secretary@gmail.com* *or text to 519-881-7435*
Please mail, email or text a copy of your business card as well with this form.
PLEASE INCLUDE COMPANY NAME IN MESSAGE of E-transfer

- -
Detach below for your receipt

South Bruce Community and Business Association
Membership Receipt

SBCBA
SOUTH BRUCE COMMUNITY AND BUSINESS ASSOCIATION

Company Name: _____

Address: _____

Total Membership Dues Paid: _____

Cheque #: _____ **or E-transfer** ◯   **Date:** _____

Thank you for supporting the SBCBA!