



# Membership Form

## Member Information

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

Main Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Office Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_ Social Media: \_\_\_\_\_

Description of your company to be posted on SBCBA website Directory: \_\_\_\_\_

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

- |   |   |   |
|---|---|---|
| <input type="radio"/> Agriculture & Farm Services | <input type="radio"/> Automotive Services | <input type="radio"/> Building Contractors & Suppliers              |
| <input type="radio"/> Business & Financial        | <input type="radio"/> Health & Beauty     | <input type="radio"/> Retail  |
| <input type="radio"/> Restaurants                 | <input type="radio"/> Service Club        | <input type="radio"/> Specialty – Retail /Service/<br>Entertainment |

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Membership:	PRICE	X
Business/Civil/Home	\$100	
Non-Profit Organization	\$25	
Individual/Affiliate	\$25	
New Member	FREE	

Cheques to be made payable to the SBCBA

Included with membership:	Business/ Civil/Home	Non Profit	Individual /Affiliate	New Member
Voting rights	X	X		X
• Website listing	X	X	X	X
• Networking opportunities	X	X	X	X
• Training opportunities	X	X	X	X
• Opportunity to display in marketing materials	X	X	X	X

**\*\* NEW BUSINESSES JUST STARTING UP WILL RECEIVE A COMPLIMENTARY ONE-YEAR MEMBERSHIP TO THE SBCBA**

Please save the form on the following page to send information to the SBCBA for social media posts.

**SBCBA membership valid March 1, 2025 to February 28, 2026**

**MEMBERSHIP FORM AND PAYMENT DUE February 1, 2025**

**MEMBERSHIP MUST BE PAID PRIOR TO THE ANNUAL MEETING TO BE ABLE TO VOTE,  
TO BE NOMINATED OR TO SIT ON THE SBCBA BOARD OF DIRECTORS**

All forms and payments returned by FEBRUARY 1, 2025 will be entered into a draw to have their membership fee for the year returned to them

Mail form/payment to:  
SBCBA c/o Jean Culliton  
PO Box 69  
Teeswater ON N0G 2S0

E-transfer to: [treasurer@sbcbca.ca](mailto:treasurer@sbcbca.ca) (include business name in message of e-transfer)

**\*\*If paying by e-transfer please email a copy of form to [jeanculliton@gmail.com](mailto:jeanculliton@gmail.com)**

# SBCBA Social Media Post Request

This form is to provide information for the SBCBA to make a social media post on behalf of members. We request this form is completed at least one week before the content is to be posted. Be sure to tag SBCBA in your own post so we can share your content as well!

Please contact Emily Montag at [Dr.Montagfamilychiro@outlook.com](mailto:Dr.Montagfamilychiro@outlook.com)

Name of person submitting request: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Member Company: \_\_\_\_\_

Member Facebook & Instagram Account (Example: @southbrucecommunityandbusinessassociation)

\_\_\_\_\_

Request Post Date and Time \_\_\_\_\_

**Note:** we request a one-week lead time

What details should the post include? Include any accounts to tag or #hashtags as well.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provide images or videos you would like included in the post to Emily Montag:

[Dr.Montagfamilychiro@outlook.com](mailto:Dr.Montagfamilychiro@outlook.com)

Any other comments: \_\_\_\_\_

\_\_\_\_\_