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A** PORT ANGELES BUSINESS ASSOCIATION
PO BOX 545
PORT ANGELES, WA. 98362

Application for Membership

Dues \$65 per Year

Name of Applicant: _____

Business Name: _____

Business Address: _____

Mailing Address: _____

Business Phone: _____ **Business Fax:** _____

E-mail Address: _____ **WebSite:** _____

Why are you interested in joining Port Angeles Business Association?

YES / NO Would you like 2-3 minutes to introduce yourself and business at a PABA meeting?

YES / NO Would you like your contact info on the PABA public website?

Sponsor Name: _____

Signature: _____ **Date:** _____

Return to Sponsor, Board Member, President or mail to: PO Box 545, Port Angeles, WA 98362
To be considered for membership this form must be filled out completely AND payment of \$65 dues
OPTIONAL - Write additional data on back you would like to share