

## 2024 MEMBERSHIP APPLICATION

Renewing Member	New Member

**Business / Organization Membership \$75.00** 

You may join anytime, but to ensure		nail your application in by <u>JANUARY 31, 2024</u>
Business Name:		
Mailing Address:		
Physical Address:		
Phone:	Email:	
Website:		
Directory Category:		
SABA MEMBER CONTACT	INFORMATION	
Contact Person:		Title:
Mailing Address:		
Phone:	Email:	
	ntion in the amount of \$out for Scholarship Fund donations	
	nteers. In order to operate effective would be interested in participation	rely, we need your help. ing in by checking the box next to it:
Board Member	☐ Marketing Committee	☐ Scholarship Committee
Mingle on Main	☐ Holiday Parade	☐ Other Events

Mail with your application and check to Saxonburg Area Business Assocation (SABA) P.O. Box 542,Saxonburg, Pennsylvania 16056