


THE WINTERPORT AREA
SHOP

LOCAL
BUSINESS ASSOCIATION

Membership Form

Business Name: _____

Type of Business: _____

Owner/Representative: _____

Physical Address: _____

Mailing Address (if different from above): _____

Telephone Number: _____

Email Address: _____

Website Address: _____

Amount of Dues Paid: \$ _____

Filename: membership form.doc
Directory: C:\Documents and Settings\Deborah\Desktop
Template: C:\Documents and Settings\Deborah\Application
Data\Microsoft\Templates\Normal.dotm
Title: WINTERPORT AREA BUSINESS ASSOCIATION
Subject:
Author: Ann
Keywords:
Comments:
Creation Date: 5/21/2009 1:17:00 PM
Change Number: 2
Last Saved On: 5/21/2009 2:28:00 PM
Last Saved By: Ann
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