

**New Holland Business Association
Membership Application**

Business Name: _____

Contact: _____

Business Address:

Street: _____

Town: _____ State: _____ Zip: _____

Mailing Address: (If different from business address)

Street: _____

Town: _____ State: _____ Zip: _____

Phone number: _____

Fax Number: _____

Email: _____

Web address: _____

How would you like your minutes delivered? (Please check one) Email Fax

Please note any topics or concerns that you would like to see addressed by the group:

Dues are \$100 per year. You will be billed a pro-rated amount for the remainder of the current year.

Please mail to: New Holland Business Association
PO Box 122
New Holland, PA 17557