



# GREENSBURG BUSINESS ASSOCIATION MEMBERSHIP APPLICATION



BUSINESS NAME \_\_\_\_\_

CONTACT \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_ OTHER \_\_\_\_\_

Please answer the following so that we can learn more about your business and how we can best serve you.

**TYPE OF BUSINESS:**  Retail  Service Business  Academic  Civic  
 Professional (accounting/legal/medical)  Non-business

BUSINESS DESCRIPTION \_\_\_\_\_

## HOURS OF OPERATION:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_

Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

NUMBER OF EMPLOYEES: \_\_\_\_\_ YEARS IN BUSINESS: \_\_\_\_\_

WOULD YOU BE WILLING TO SERVE ON A COMMITTEE?  YES  NO

WHAT TYPE OF VOLUNTEERS SERVICES COULD YOU OFFER? \_\_\_\_\_

## Do You Have A Website?

Would you like a FREE link from the GBGBA website to your website?  YES  NO

If Yes, please list your website URL: \_\_\_\_\_

Please consider adding a link on your website back to <http://www.gbgba.org>. Thank you.

## Mail To:

Greensburg Business Association  
P.O. Box 141  
Greensburg, PA 15601