



# 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