



Membership Application

Business Name: _____

Contact Person: _____

Mailing Address: _____

Business Address: _____

Business Website: _____

Do you want your business address to be published with your membership? ___ Yes ___ No

Business Phone: _____ Business Hours: _____

Cell Phone: _____ Best time to contact you: _____

Which telephone number is preferable for contact? (Please check one) Business: ___ Cell: ___

Business email: _____ Personal email: _____

Which email is preferable for contact? (Please check one) Business: ___ Personal: ___

Business Category: _____

Is your business operated from home? Yes _____ No _____

How many years have you been in business? _____

Skills you would share that might benefit the PVBN _____

Please select the committee(s) that you would be interested in serving on:

_____ Membership

_____ Events

_____ Education/Speakers

_____ Advocacy

Annual membership is \$100.00 payable by check or PayPal (link to PayPal is on the PVBN website). Send the completed application (and include your check if using this method of payment) to the following address:

Putnam Valley Business Network, Inc.

P.O. Box 168

Putnam Valley, NY, 10579

Any questions, call us at: 845 809-4616

Visit our website: <http://pvbusinessnetwork.org/>

