HVBCA MEMBERSHIP FORM

Hopewell Valley Business & Community Association

hopewellvalleybca@gmail.com

1. Business / Organization Information

Business Name:	
Primary Contact:	**Job Title:**
Address:	
Phone:	**Email:**
Website / Social Media:	**How did you hear about us?:**
Description of Services:	

Please email a copy of your logo to hopewellvalleybca@gmail.com.

2. Membership Level

☐ **Individual Membership — $50**

☐ **Group Membership — $100 (up to 4 members)**

Additional group members, if applicable:

Name 1: _____ Name 2: _____

Name 3: _____ Name 4: _____

3. Payment + Signature

Payment Method:

☐ Check # _____

☐ Credit/Debit Card

Member Signature:

_____

Date: _____

Scan to Join / Pay

HVBCA Membership