



Howard Suamico Business & Professional Association Membership Application

Business Information

Business Name _____ Date Business Started ___/___/___

Business Address _____ Phone (____) _____

City _____ State ___ Zip _____ Fax (____) _____

Mailing Address (if different than above information)

Mailing Address _____

City _____ State ___ Zip _____

E-Mail Address _____ Website _____

Owner's Name _____

Owner's Address _____ Phone (____) _____

City _____ State ___ Zip _____

Contact Person (if different than owner) _____

Briefly Describe Your Business _____

Applicant's Signature _____

Applicant's Title _____

Where to Submit

HSBPA
PO Box 11632
Green Bay, WI 54307-1632

Dues

Initiation Fee\$50
Annual Membership\$85
Total to Submit with Application...\$135

For Office Use Only

Chairperson _____ Co-Chairperson _____

Date ___/___/___

MEMBERSHIP APPLICATION