



**Port Sanilac Area  
Business Association**

# PSABA Membership Application 2024

Business/Organization Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Contact/Representative: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Brief description of Business: \_\_\_\_\_

What would you like to see the PSABA accomplish:

**Annual Membership Dues** \_\_\_\_\_ **\$100.00**

I would also like to be included in the following:

**Port Sanilac Brochure**

Large (3 ½ x 2) PSABA Member	\$250.00	_____
Large PSABA Non-Member	\$275.00	_____
Small (3 ½ x 1 ½) PSABA Member	\$125.00	_____
Small PSABA Non-Member	\$175.00	_____

**Music in the Park**

Sign Sponsor	\$100.00	_____
Snack Sponsor	\$50.00	_____

**Fall Business Decorating Event** \$15.00 \_\_\_\_\_

**Additional Contribution for Village Events:**

Fireworks	_____
Antique Boat & Camper Show	_____
Christmas Celebration Event	_____

**TOTAL:** \_\_\_\_\_

As a member of the PSABA, each paid member is entitled to one (1) vote. Membership must be current to vote. Membership forms will be put into a database for mailing/contact purposes. It is our intent that all members have access to this information.

**Please mail your Membership form and payment made out to PSABA by January 31, 2024, to:**

**PSABA  
P.O. Box 402  
Port Sanilac, MI 48469**

I understand that by signing this application I agree with the purpose of the Port Sanilac Area Business Association and will adhere to its bylaws, rules, and regulations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_