



**Port Sanilac Area
Business Association**

PSABA Membership Application Form

Joining the Port Sanilac Area Business Association offers increased visibility for your business, is an affordable marketing tool and is a great way to establish yourself as a credible and invested member of the community.

Business/Organization Name: _____

Business Address: _____

Contact/Representative: _____

Business Phone: _____ Contact phone: _____

Email address: _____ Business Website: _____

Brief description of business: _____

This helps PSABA give the best information and referral to visitors.

Business Category: (Select up to 3 categories. 1st choice will be used in the Membership Directory)

- | | | |
|---|---|--|
| <input type="checkbox"/> Accommodations & Lodging | <input type="checkbox"/> Education | <input type="checkbox"/> Museum |
| <input type="checkbox"/> Arts & Culture | <input type="checkbox"/> Farming | <input type="checkbox"/> Pets / Animal Services |
| <input type="checkbox"/> Attractions & entertainment | <input type="checkbox"/> Financial Services | <input type="checkbox"/> Printing / Publishing |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Government | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Business Services | <input type="checkbox"/> Grocery / Market | <input type="checkbox"/> Rentals / Property Management |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Health Care | <input type="checkbox"/> Senior Services |
| <input type="checkbox"/> Church | <input type="checkbox"/> Home & Garden | <input type="checkbox"/> Shopping / Retail |
| <input type="checkbox"/> Community Organization | <input type="checkbox"/> Insurance | <input type="checkbox"/> Sports & Recreation |
| <input type="checkbox"/> Computers & Telecommunications | <input type="checkbox"/> Laundry services | <input type="checkbox"/> Tours & Charters |
| <input type="checkbox"/> Construction / Contractor | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Wedding / Banquet Facility |
| <input type="checkbox"/> Dining / Food / Beverage | <input type="checkbox"/> Marina | <input type="checkbox"/> Other: _____ |

What would you like to see PSABA accomplish? _____

What experience/skills/talents do you have that might benefit PSABA? _____

The annual membership fee is \$100. Please make your check payable to PSABA

Mail your application and check to PSABA, PO Box 402, Port Sanilac, MI 48469

I would also like to donate \$_____ to PSABA. I would like to sponsor an event: _____

I understand that by signing this application I guarantee my interest and agreement with the purposes of the Port Sanilac Area Business Association and will adhere to its bylaws, rules and regulations.

Signature: _____ Date: _____

Thank you so much for your interest in the Port Sanilac Area Business Association!