



**MEMBERSHIP APPLICATION**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

OWNER     CORPORATE OFFICER     OTHER \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PHONE ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ CELL ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

FAX ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

WHAT IS THE BEST WAY TO CONTACT YOU? \_\_\_\_\_

RESIDENTIAL LICENSE # \_\_\_\_\_ COMMERCIAL LICENSE # \_\_\_\_\_

PAYSON LICENSE # \_\_\_\_\_ OTHER LICENSE # \_\_\_\_\_

HOW LONG HAVE YOU BEEN IN BUSINESS IN THE PAYSON AREA? \_\_\_\_\_

UNDER WHAT HEADING ARE YOU APPLYING FOR? \_\_\_\_\_

DO YOU CARRY THE NECESSARY INSURANCE AND BONDING REQUIRED FOR YOUR BUSINESS?

YES     NO

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*PLEASE INCLUDE A CURRENT BUSINESS CARD*

## **MEMBERSHIP RULES AND INFORMATION**

1. Dues are \$90.00 per quarter due no later than the last Tuesday of March, June, September, and December. Failure to pay dues on time without prior arrangements will be grounds for removal. Please contact the treasurer prior to the deadline if you are having difficulty paying your dues on time.
2. Meetings are every Tuesday. The 1st Tuesday of the month is an evening meeting starting at 7:00 p.m. All other meetings are morning meetings starting at 7:00 a.m. Meeting locations to be announced.
3. As a member you will be expected to attend at least one meeting each month. Once you start attending the meetings you will understand the benefit.
4. Members are expected to participate in as many Payson PAYS activities as their schedule allows.
5. Members are expected to help one another build and promote their businesses.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

