



Newport Business Association Membership Application

New Membership Renew Membership

Company Name _____ Date _____

Contact Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Brief description of your business _____

How do you prefer to receive information? _____ Email _____ Mail _____ Fax _____

Annual Dues:

\$50 per company with 10 employees or less

\$100 per company with over 10 employees

My check is included for \$ _____

Please make check payable to **Newport Business Association** and mail with application to:

Newport Business Association
P.O. Box 843
Newport, KY 41072