



HAMILTON BUSINESS ALLIANCE

Membership Registration Form

(Mail payment to Hamilton Business Alliance, PO Box 7, Hamilton, NY 13346)

The Hamilton Business Alliance strives to increase cooperation and collaboration among local businesses in order to strengthen and enhance the business climate in and around Hamilton, NY.

We are successful because we share resources, identify and implement cooperative opportunities and establish a strong referral network among member businesses.

Fee Structure based on all (part & full-time) employees.

Individual*	\$ 35
Nonprofit	\$ 35
1-2 Employees	\$ 35
3-7 Employees	\$100
8-20 Employees	\$125
21+ Employees	\$200

*non-voting membership, open to the general public.

INVOICE DATE: _____ DUES: \$ _____ CHECK #: _____

COMPANY NAME: _____

INDIVIDUAL MEMBER NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

WEBSITE: _____

PRIMARY CONTACTS: (will receive HBA e-mails)

NAME	EMAIL	PHONE

HBA IS A VOLUNTEER BASED ORGANIZATION driven by and for our members to create an vibrant economic and resident-friendly community. Please indicate how you want to participate as an HBA member.

- HBA EXECUTIVE OFFICER: Hold a position
- MEMBERSHIP COMMITTEE: Serve on a committee
- MARKETING COMMITTEE: Serve on a committee
- EVENTS COMMITTEE: Serve on a committee

GENERAL VOLUNTEER: _____

NOTE AREAS OF EXPERTISE YOU ARE WILLING TO CONTRIBUTE: _____



HAMILTON BUSINESS ALLIANCE

Member Survey

1. How does the HBA help you? Why are you a member?

- Networking
- Cooperative Advertising
- Advance Notice of Coming Events/Activities
- Website

Opportunity to contribute to greater good of business community

Other/Comments:

2. What are we doing well?

3. When was the last time you attended an HBA meeting? _____

4. Please provide names of individuals you would recommend for possible HBA membership.

Thank You !!