

**Manzanita Business Alliance
Membership Application**



Business name: _____

Contact: _____, _____ (title)

Street address: _____

Mail address _____

City, State Zip _____

Phones: Wk _____ Hm _____

Fax: _____ Cell _____

email: _____

website: _____

~~\$100~~ \$50 (half price for 2009)

Paid by: Cash Check # _____

Rec'd _____ by _____