



## MEMBERSHIP APPLICATION

CHECK DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ CHECK # \_\_\_\_\_ RECEIVED BY GBRBA: \_\_\_\_/\_\_\_\_/ **2017**

**PLEASE ENCLOSE 2 BUSINESS CARDS IF POSSIBLE.**

COMPANY NAME: \_\_\_\_\_

CONTACT PERSON / POSITION: \_\_\_\_\_

ALTERNATE CONTACT PERSON / POSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ OTHER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

WEB SITE: \_\_\_\_\_

PLEASE PROVIDE US WITH A BRIEF DESCRIPTION OF YOUR BUSINESS OR ORGANIZATION AND THE PRODUCTS/SERVICES YOU PROVIDE.

*The above will be reference for monthly bulletins and all correspondence. If there are additional persons or addresses that need to be notified, please provide us with that information as well.*

**ANNUAL DUES: \*\*\$50.00 PER BUSINESS/INDIVIDUAL/ORGANIZATION PER YEAR.**

**MAKE YOUR CHECK PAYABLE TO: GBRBA.**

(Your cancelled check is your receipt)

**MEMBERSHIP APPLICATION & DUES SHOULD BE SENT TO:**

**GBRBA  
1 BELINDA AVENUE  
BALTIMORE, MD 21206**

***WELCOME FROM YOUR 2017 BOARD OF DIRECTORS***