

2022 SCBPA MEMBERSHIP APPLICATION / RENEWAL

TYPE OF MEMBER: BUSINESS (\$100) NON-PROFIT (\$50) RESIDENT (\$30)
TYPE OF BUSINESS: RESTAURANT SHOP LODGING WINE OTHER _____

Name of Business: _____ Business Phone: _____

Primary Contact Name: _____ Cell: _____

Email Address: _____

Secondary Contact Name (if applicable): _____

Secondary Email Address: _____

Business Address: (Number, Street, City, Zip) _____

Mailing Address: (if different than physical address): _____

Days Open: _____

Website / URL & Short Description:(check here if the current details on visitsuttercreek.org are correct) _____

Signature / Date: _____

Mail application/renewal form to the address below.

Internal Use Only:	Amount Paid: _____	Check#: _____	Date: _____	Rec'd by: _____		
Updates:	Email	Evite	Membership List	Sticker/Letter	Website	Facebook

SCBPA
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