

2019 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)* _____ Cell: _____

Secondary Email Address: _____

Business Address: *(number, street, city, zip)* _____

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

Days Open/Hours: _____

Website/URL & Short Description: check here if the current details on suttercreek.org are correct

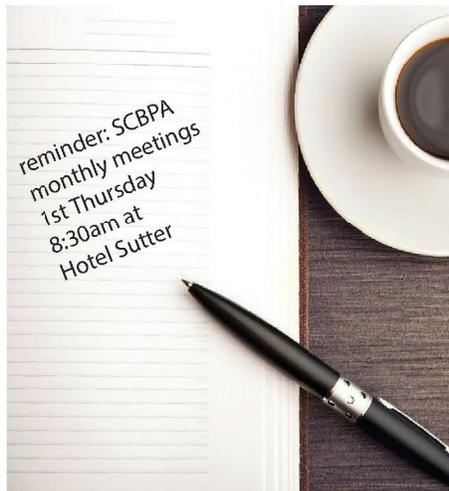
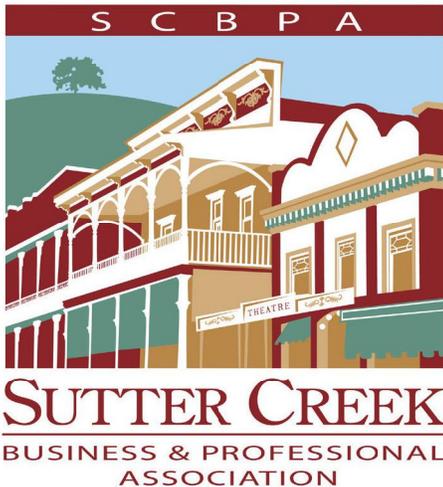
Signature / Date: _____

Thank you!

Internal Use Only: Amount Paid: _____ Check #: _____ Date: _____ Rec'd by: _____
Updates: gmail Evite Membership list Sticker/letter Website Facebook



Mail this top portion to the address below.



facebook

Join our private SCBPA group page
<https://www.facebook.com/groups/SCBPA/>

Share & Like our public page:
[facebook.com/visitsuttercreek](https://www.facebook.com/visitsuttercreek)

PO Box 600, Sutter Creek, CA 95685 | (209) 267-1344 | Fax: (209) 267 1898

WWW.SUTTERCREEK.ORG | INFO@SUTTERCREEK.ORG