

2016 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: _____

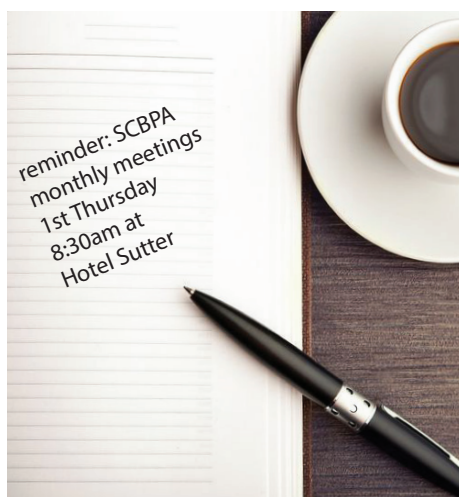
Website/URL & Short Description: *check here if the current details on suttercreek.org are correct*

Signature / Date: _____

Thank you!

Internal Use Only: Amount Paid: _____ Check #: _____ Date: _____ Rec'd by: _____
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↑ MAIL THIS TOP PORTION TO THE ADDRESS BELOW OR DELIVER TO CREEKY CUPBOARD, 32 MAIN ST. SUTTER CREEK



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