

Application for Membership

NAME: _____

Company Name: _____

Address: _____

Phone: _____

Type of Business: _____

Your Position: _____ Owner _____ Franchise Owner
 _____ Independent Contractor _____ Manager/Employee

Number of years in business: _____ Number of years in your trade: _____

Number of employees: _____

Education & professional training/degrees or certifications:

Experience:

Please list memberships in other professional associations:

How did you hear about us? _____

I certify that I have read and agree to abide by the rules of the Redlands Business Association.

Signature: _____ Date: _____