



"MEMBERSHIP APPLICATION FORM"

Small Business Association
 300 Earl Grey Dr. #442
 Ottawa ON K2T 1B9
 613 276-7700
 Sba-canada.ca

SBA is a non-profit association of people who are self-employed. We serve Ottawa and neighbouring areas and the Outaouais.

Your Name: _____
 Company: _____
 Address: _____

 City: _____
 Postal Code: _____
 Home Phone: _____
 Office Phone: _____
 Fax: _____
 Cell Phone: _____
 Beeper: _____
 E Mail: _____
 Web Site: http:// _____

SBA maintains an internal data base and directory of members. Please provide a **225 key stroke** description of your business with this form for our membership directory.

Please Print

I would like to become part of **SBA's Management Team** by participating on the following - Committee(s) ?:

- ? Administration ? Communications ? Education ? Marketing
- ? Membership ? Seminar ? Trade Show ? Other _____

- How did you hear about us? ?
- ? News Paper ? Radio ? Trade Show ? Seminar
 - ? Internet ? Newsletter ? Member Referral (name) _____
 - ? Other _____

Please check appropriately, Annual Dues:

- ? \$100. Active Member (AM) - An individual working from their home or a micro entrepreneur with (5) or less members in their organization. Has all rights and privileges with one vote.
- ? \$75. Associate Member (AS) - An individual who does not meet the Active Member criteria but is, in some capacity interested in micro business. Has most rights and privileges but is not eligible to vote.
- ? \$25. Partner Member (PM) - An individual functioning as a business partner, where one person of that business is already an active member of the association. Has most rights and privileges but is not eligible to vote.
- ? \$10. Spouse (SM) - A spouse of an active member. Has no rights or privileges but may attend all HBA functions at the reduced members rate.

- ✗ Spouse's Name: (if application includes spouse) _____
- ✗ Partner's Name: (If application includes partner) _____

Enclosed is a cheque for: \$ _____ Donation: \$ _____
 Payable to: "Small Business Association"

Date: _____ Signature: _____

Return to: **Small Business Association**

Tel: (613) 276-7700

