

HIKES POINT BUSINESS ASSOCIATION

Membership Application

(Please Print)

_____New _____Renewal Date_____

_____Update Information _____Add to Directory

Name of Business

Or Organization_____

Your Name_____ Title_____

Business Address_____

City/State/Zip_____

Phone# _____ Business Alternative Phone# _____

FAX# _____ Cell# _____

E-mailAddress_____

Please Check Your Committee Interest:

_____Membership _____Public Relations Advertising
_____Special Events _____Business Expo
_____Speakers Education _____Nomination/Election

Dues: \$100 per year

Please make check payable to HPABA and mail this form to:

HPABA
P O BOX 20063
Louisville, KY 40250-0063

For More Information: Contact
Talbott Allen at talbott.allen@insightbb.com

www.hikespointaba.com