



HPABA MEMBERSHIP APPLICATION

(Please Print Legibly)

_____ NEW _____ RENEWAL _____ RENEWAL DATE (if applicable)

Name of Business or Organization: _____

Your Name: _____ Title: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: (_____) _____ Fax: (_____) _____

Cell Phone (optional): (_____) _____ Alternate Phone: (_____) _____

E-mail (please print clearly): _____

Business Web address: _____

Do we have your permission to add your information to our website? _____ YES _____ NO

Is there any portion of your information you do not want listed on the website? _____ YES _____ NO

If yes, please indicate what to omit: _____

Please check your "committee" interest(s): (check all that apply)

_____ Membership _____ Public Relations Advertising _____ Nomination/Elections
_____ Business Showcase/Health Expo _____ Speaker Education _____ Special Events
_____ Other (please specify)

ANNUAL DUES: \$100 Method of payment: Check #: _____ (payable to HPABA) Cash: _____

Return completed form and payment to: HPABA, P.O. Box 20063, Louisville, KY 40250-0063

Thank you!

We look forward to seeing you at our next meeting and serving you over the coming year!

For more information contact: Talbott Allen at talbott.allen@insightbb.com
www.hikespointaba.com

~ The successful networkers I know, the ones receiving tons of referrals and feeling truly happy about themselves, continually put the other person's needs ahead of their own. ~ Author: Bob Burg