



**Membership Application**  
**\$100 Annually**

Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Do you want your business address to be published with your membership? \_\_\_\_ Yes \_\_\_\_ No

Business Phone: \_\_\_\_\_

Business Hours: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Best time to contact you: \_\_\_\_\_

*Which telephone number is preferable for contact? (please check one)*

Business email: \_\_\_\_\_ Personal email: \_\_\_\_\_

*Which email is preferable for contact? (please check one)* Business: \_\_\_\_\_ Personal: \_\_\_\_\_

Business Category: \_\_\_\_\_

Is your business operated from home? Yes \_\_\_\_\_ No \_\_\_\_\_

How many years have you been in business? \_\_\_\_\_

Skills you would share that might benefit the PVBN \_\_\_\_\_

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**Please select committee(s) that you would be interested in serving on:**

\_\_\_\_\_ Membership

\_\_\_\_\_ Events

\_\_\_\_\_ Education/Speakers

\_\_\_\_\_ Advocacy

Proceed to PayPal online payment service or please send completed membership application along with your dues to the following address:

**Putnam Valley Business Network, Inc.**

**Date:** \_\_\_\_\_

P.O. Box 168

Putnam Valley, NY, 10579

Secure Payments  
by

**PayPal**

