

ASHEVILLE BUSINESS LEADER'S ASSOCIATION (ABLA)

Application for Membership

The information listed below is necessary for our membership roster. Please complete the information and return it to your sponsor or mail to the address below. You will be notified by your sponsor when your membership has been approved.

NAME OF APPLICANT _____

BUSINESS NAME _____

BUSINESS ADDRESS _____

BUSINESS PHONE _____ **HOME PHONE** _____

FAX _____ **E-MAIL** _____

WEB SITE _____

SPONSORING MEMBER'S NAME _____

Please give a brief description of your company and its primary business and/or service. (For purposes of properly categorizing members, your primary business and/or service should account for at least 75% of your gross revenues. 50 words or less (this will be used as your company description in the ABLA Member page on the Internet):

Please give a brief description of how you can help the Asheville Business Leaders Association:

Please email this application to: treasurer@ashevillebusinessleaders.com - **OR**

Attach a business card and \$25.00 fee to this application and give to your sponsor or mail to:

ABLA, PO Box 242, Asheville, NC 28802

Membership Committee Use Only

Category _____

1st Reading: _____ 2nd Reading: _____ 1st Meeting: _____

Approved: Yes No

Notified: Yes No