

**Asian American Business Owners' Association
(AABOA)**

2018– Membership Application Form

Member's Name: _____

Spouse Member's Name: _____

Business Name: _____

Type of Business(Please Select All Applicable):

Hospitality Industry

Convenience Stores

Healthcare Industry

Restaurant

Other (Please specify): _____

Business Address:

Address Line 1: _____

Address Line 2: _____

City: _____

State: _____ Zip: _____

Business Phone Number: _____

Mobile Number: _____

Business Fax Number: _____

EMAIL: _____

Website URL: _____

Communication Preference (Please select one):

- **Email Only** (You will receive all correspondence through email only)

– Regular mail at business address

Yearly Membership Fee: \$150 (including spouse membership) paid by 03/31/15.

\$175 (including spouse membership) after 03/31/15.

Please return the application form with payment to:

AABOA

3735 Franklin Rd, PMB 176,

Roanoke, VA 24014

<http://www.aaboa.org>