



# SOUTHERN FAUQUIER BUSINESS OWNERS ASSOCIATION

## Membership Application

**Mail this application, with a check payable to SFBOA in the amount of \$40.00, to:**

SFBOA, P.O. Box 358, Bealeton, VA 22712

### **SFBOA Member Exposure**

- Association website includes a membership directory.
- Member Events / Dinner Meetings provide networking opportunities with other business owners.
- Monthly marketing and social media provides information about members and events.

### **Membership Information**

- Regular Membership
- Affiliate Membership - *Affiliate members are any businesses located outside the geographical area of the Lee and Cedar Run Districts of Fauquier County, Virginia and shall have all the rights and privileges of membership, except they shall have no voting rights.*

### **Business Contact Information**

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

Owner/Contact and Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_

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

Business Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

### **Business Description and Information**

Description of Business: \_\_\_\_\_

\_\_\_\_\_

Number of Employees: \_\_\_\_\_ Number of Years in Southern Fauquier County: \_\_\_\_\_

Physical Location of Business: \_\_\_\_\_

Are you willing to serve on a committee?  Yes  No

If yes, in what capacity? \_\_\_\_\_

Were you referred to the SFBOA, and if so, who may we thank for the referral? \_\_\_\_\_

### **Authorized Signature**

Designated Voter (printed): \_\_\_\_\_

Signature of Person with Authority to Designate Voter, if different from Applicant:

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

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

### **For Completion by Association**

Approved by the Board of Directors  Yes  No

Name (printed): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_