

Membership Application

Note: Memberships approved by September 15, 2024, are guaranteed to be featured in our Membership Publication.

Member Information

Business Name :

Address :

City, State, Zip :

Phone Number :

Website :

Primary Contact :

Email :

Phone Number :

Select the industry that best fits your company:

- | | |
|---|--|
| <input type="checkbox"/> Business/Professional Services | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Contractors | <input type="checkbox"/> Manufacturer/Distribution/Warehousing |
| <input type="checkbox"/> Death Care | <input type="checkbox"/> Personal Care |
| <input type="checkbox"/> Education | <input type="checkbox"/> Religious Institutions |
| <input type="checkbox"/> Financial Institutions | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Healthcare/Social Services | <input type="checkbox"/> Transportation/Distribution/Logistics |

 Business is 51% or more owned by a: Woman Minority Veteran None

Business Description:

(What you do/who you serve in 30 words or less)

Member to Member Discount or Special Offer:

(Please indicate the value amount of the offer)

Our company (or a representative) would like to:

(Select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Join a committee | <input type="checkbox"/> Exhibit at the SHBA Office or Business Expo |
| <input type="checkbox"/> Be an Annual Sponsor | <input type="checkbox"/> Host a Networking Event at my business |

Membership Investment

(Select your desired membership level)

- Standard (\$100) Premium (\$500)

The individual signing below is authorized to submit this application on behalf of the Business listed above.

Signature: