

# ARLANDRIA-CHIRILAGUA BUSINESS ASSOCIATION

## APPLICATION FOR MEMBERSHIP

Name (First & Last):

|  |                                 |   |
|--|---------------------------------|---|
| Phone:   | E-mail:                         | Fax:  |
| Business:  | Position:                       | Years in Arlandria:   |
| <i>Best method of contact:</i> <input type="checkbox"/> E-mail | <input type="checkbox"/> Phone  | <input type="checkbox"/> Other:   |
| <i>ACBA Involvement Interest</i> (check all that apply):       | <input type="checkbox"/> Member | <input type="checkbox"/> Board Member <input type="checkbox"/> Officer <input type="checkbox"/> Sponsor |

## BUSINESS INFORMATION

|                     |             |                      |
|---------------------|-------------|----------------------|
| Business Name:      |             |                      |
| Nature of Business: |             |                      |
| Address:            |             |                      |
| City:               | State:      | ZIP Code:            |
| Phone:              | Fax number: | Email:               |
| Date founded:       | EIN:        | Number of employees: |

## TYPE OF MEMBERSHIP & ANNUAL DUES

| Type A: \$100.00 per year      | Type B: \$ 75.00 per year  | Type C: \$ 50.00 per year |
|--------------------------------|----------------------------|---------------------------|
| Any business or property owner | Any nonprofit organization | Any individual citizen    |

## CERTIFICATION

I, the undersigned, hereby apply for membership to the Arlandria-Chirilagua Business Association; I understand that there are regulations that I am willing to comply with in order to maintain my membership in good standing.  
 A check in the amount of \$\_\_\_\_\_ is enclosed for the first year of dues.  
 I also understand that my membership will be renewed annually in the month in which I joined, unless I elect to cancel my membership in writing with 30 day advanced notice.

Please make checks payable to: Arlandria-Chirilagua Business Association  
 -Send checks to: P. O. Box 2308  
 Alexandria, Virginia 22301

*You will receive a copy of this signed application.*

|                         |        |
|-------------------------|--------|
| Signature of applicant: | Date:  |
| Print name:             | Title: |

## APPLICANT NOTES (INTERESTS, GOALS, SUGGESTIONS, COMMENTS):

|  |
|--|
|  |
|  |
|  |

## FOR EXCLUSIVE USE OF ACBA

|                    |                             |
|--------------------|-----------------------------|
| Membership Number: | Date enrolled:              |
| Approved By:       | Period from _____ to: _____ |

### Nelson Zavaleta

*President, ACBA*

P. O. Box 2308

Alexandria, Virginia 22301

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