



Community Business Associates

Membership Application

Mission Statement Community Business Associates is committed to establishing and strengthening relationships with business owners and community organizations through networking, education and trust.

Name: _____ Title: _____

Type of Business: _____

Business Name: _____

Address: _____

Work Phone: _____ Cell Phone: _____

E-mail: _____

Experience/ Schooling/Education: _____

Other Group Networking Affiliations/Associations/Memberships:

How did you learn about this group?

How do you think you will be able to contribute to CBA?

Please provide two professional references:
