



# FISHTOWN AREA BUSINESS ASSOCIATION MEMBERSHIP FORM

A member of the Philadelphia Chamber of Commerce

**PLEASE** Fill out form with necessary contact information and return with your \$50 check made payable to FISHTOWN AREA BUSINESS ASSOCIATION to  
Sharon Morgan c/o Third Federal Bank  
2330 E York St Philadelphia PA 19125

NAME of Business \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Type of Business \_\_\_\_\_

Website \_\_\_\_\_

Contact person \_\_\_\_\_ Contact's Phone \_\_\_\_\_

Contact's Email \_\_\_\_\_

How did you hear about the association? (i.e word of mouth, newspaper, e- newsletter, etc.)

Why did you join? PLEASE CHECK all that apply.

To network with potential customers/partners  To find out about neighborhood marketing

To get to know my neighbors  To find out about resources/opportunities for growth

To give back to community  To help shape future of neighborhood's business climate

To have my voice heard with city and regional officials  To help me make more money

I heard about accessing benefits with FABA's Chamber of Commerce connection

OTHER:

What I want the association do for me: (please use otherside to elaborate if you need)

What I can bring to the association: