



NEW MEMBER APPLICATION

YOUR NAME: _____

ELIGIBILITY FOR MEMBERSHIP

- ☐ I OWN OR REPRESENT A BUSINESS IN THE POINT PLACE/SHORELAND COMMUNITY
- ☐ I OWN OR REPRESENT A BUSINESS AND LIVE IN THE POINT PLACE/SHORELAND COMMUNITY
- ☐ OTHER _____

ORGANIZATION INFORMATION (IF APPLICABLE)

ORGANIZATION _____

YOUR TITLE _____

BUSINESS ADDRESS _____

CITY, STATE, ZIP _____

BUSINESS PHONE _____

BUSINESS FAX _____

YEARS IN BUSINESS _____

PERSONAL INFORMATION

YOUR NAME _____

EMAIL _____

ADDRESS _____

CITY, STATE, ZIP _____

PERSONAL PHONE _____

DATE OF BIRTH _____

I WOULD LIKE TO RECEIVE MY PPBA MAIL AT:

- ☐ BUSINESS ☐ HOME

DESCRIPTION OF YOUR BUSINESS OR ORGANIZATION

I WOULD LIKE TO PARTICIPATE IN THE FOLLOWING ACTIVITIES AND EVENTS

- | | | |
|--|---|---|
| ☐ BANQUET | ☐ ECONOMIC DEVELOPMENT | ☐ SCHOLARSHIP FOUNDATION |
| ☐ BEAUTIFICATION | ☐ GOLF OUTING | ☐ TRAFFIC & SAFETY |
| ☐ BLOOD DRIVE | ☐ MEMBERSHIP COMMITTEE | ☐ WELCOME COMMITTEE |
| ☐ EASTER EGG HUNT | ☐ POINT PLACE DAYS | ☐ COMMITTEE FORMATION |
| ☐ LEGACY COMMUNITY FOUNDATION | ☐ TRADE FAIR | |

- ☐ MY MAIN INTEREST IN THIS ASSOCIATION IS COMMUNITY INVOLVEMENT, ACTIVITIES & EVENTS
- ☐ MY MAIN INTEREST IN THIS ASSOCIATION IS ECONOMIC DEVELOPMENT & BUSINESS GROWTH

Thank you for your interest in the Point Place Business Association

Subject to Application approval, per Article III, Section 2, your membership includes business exposure to fellow members and advertising of your business. You will be listed in our Membership Directory that is updated annually. Dinner meetings are held the third Wednesday of every month, with dinner included as part of your membership. We focus on community activities as well as business growth and look forward to your involvement in the PPBA.

MAIL COMPLETED APPLICATION AND CHECK FOR \$135 (ANNUAL DUES) TO:

Point Place Business Association
Attention Membership
P.O. Box 5074
Toledo, Ohio 43611