



**Philadelphia Far Northeast
Small Business Association
Membership Application**

GENERAL INFORMATION			
First Name	Last Name	Business Phone	Personal Phone (Optional)
Business Name		Business Designation	
Business Address		Website	
Business Email		Personal Email (Optional)	
MEMBERSHIP TYPE			
<input type="checkbox"/> Charter / Founding Membership		One Time Fee \$2,000	
<input type="checkbox"/> Yearly Membership (Renews August 31 st)		\$400 Payable in Full	
<input type="checkbox"/> Quarterly Membership (8/31, 12/31, 2/28, 6/30)		\$150 Payable Quarterly	
<input type="checkbox"/> Monthly Membership		\$60 Payable Monthly	
<input type="checkbox"/> Non-Profit Membership		Fee Waived With Submission of 501 C(3) Form 990	
COMMITTEE MEMBERSHIP			
<input type="checkbox"/> Membership and Civic Engagement		<input type="checkbox"/> Hospitality and Entertainment	
<input type="checkbox"/> Women and Minority Owned Businesses		<input type="checkbox"/> Legal and Legislative Affairs	
<input type="checkbox"/> Veterans and First Responders		<input type="checkbox"/> Building Trades	
<input type="checkbox"/> Emerging Entrepreneurs		<input type="checkbox"/> Professional Development and Education	
<input type="checkbox"/> Digital and eCommerce Success		<input type="checkbox"/> Economic Competitiveness & Performance	

MEMBERSHIP TERMS

By submitting this Application, I agree to receive communications from or relating to FNESBA, and I further agree that FNESBA may share your information and any other information and material you provide with other FNESBA members, affiliates, vendors, and third parties in order to provide you services as a FNESBA member.

LIMITATIONS OF LIABILITY. Any liability to you involving FNESBA or its officers arising out of or related to this Agreement and / or membership or participation in FNESBA, and regardless of the form of the action, will at all times be limited to the amount of the membership fee paid by you for membership in FNESBA.

TERM. All membership term fees are measured from the application date. Applications dated between the 1st and the 15th of the month shall begin their term on the 1st of the month. Applications dated after the 15th of the month shall begin their term on the 1st of the following month.

CERTIFICATION. I hereby declare and certify that all statements contained in this application and any accompanying documents are true and correct, and that any misrepresentation or false statement may be grounds for rejecting my application or, if discovered after my application has been accepted, subject me to immediate termination at the discretion of FNESBA without any reimbursement. I further understand that my membership is conditional, and I agree, accept and will abide by all the terms and conditions set forth herein and those contained within the FNESBA Preamble, which I have had the opportunity to review. I understand and agree that upon approval of membership, any fees paid are non-refundable.

Printed Name	Signature	Date
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SPONSOR INFORMATION

Printed Name	Signature	Date
Printed Name	Signature	Date

MEMBERSHIP COMMITTEE ADMINISTRATION

Date Approved or Declined	Membership Committee Chairperson Signature	Secretary Signature	
Date Member Notified	Date Membership Commences	Mentor	Date Mentor Assigned

Nothing Else Follows