



WOBURN BUSINESS ASSOCIATION

DEDICATED TO THE SUCCESS OF OUR BUSINESS COMMUNITY

MEMBERSHIP APPLICATION

Business Name _____

Street _____

City _____ State _____ Zipcode _____

Mailing Address _____

Phone _____

Website _____

Primary Contact Name _____ Title _____

Email _____

Please give a brief description of your business type, products or services:

DUES STRUCTURE

Level	F/T Employees	Dues	Level	F/T Employees	Dues
1	1 to 9	\$229	4	35-74	\$600
2	10 to 19	\$325	5	75-100	\$700
3	20-34	\$465	6	100+	\$1,150

Please mail completed application and applicable dues to:

10 Tower Office Park, Suite 416 in Woburn, MA 01801

Membership and payment may also be completed online at

www.woburnbusiness.org

Referring Business and Contact Name: _____