

**Greater Mission Bend Area Council
Business Membership Form**

Name of Business: _____

Mailing Address: _____ **Website Address:** _____

Type of Business: _____ **Physical Address:** _____

Local Operations Manager: _____ **Phone No.** _____

By signing the GMBAC Membership Form you agree to partner with the Greater Mission Bend Area Council towards improving the business areas surrounding the Mission Bend Community and as a member you give the GMBAC permission to use your name and/or company logo on our website, in our newsletters and other publications.

<u>COUNCIL REPRESENTATIVE CONTACT INFORMATION</u>			
Name	Position	Phone No.	Email Address

Business Owner/Representative (Signature)

(Please Print Name)

(Date)