



## MEMBERSHIP APPLICATION FORM

Main Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Facebook: \_\_\_\_\_ Twitter: \_\_\_\_\_

New Member       Renewal

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

Preferred Mailing/Billing Address if different from Company Information:

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Please list additional contacts that should receive SAMBA information

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Annual Membership Dues are \$75.00. Please make checks payable to: "Springfield Area Merchant and Business Association". You may send your payment with this completed application to:

SAMBA  
Attn: Helen H. Albee  
P.O. Box 13274  
Jacksonville, Florida 32206

Or you will be sent an invoice once your completed application is received.

Please be advised that future membership benefits do not apply until full payment is received.

Please note: All contact information will be listed in the membership directory and SAMBA website ([www.sambajax.org](http://www.sambajax.org))