



Southbridge Business Partnership Partner Application

Please mail in this application to P.O. Box 587, Southbridge, MA 01550 along with your \$100 2017 membership dues. Once we have received your application, a SBP representative will be in touch.

Name of Business*

Mailing Address*

Address 1

Address 2

City

State/Province

Zip/Postal Code

Country

Phone Number*

Fax Number

Website

Facebook

Twitter

Other Social Media

Primary Contact*

First Name

Last Name

Email Address*

1. Additional Contact



First Name

Last Name

Phone Number

Email Address

2. Additional Contact

First Name

Last Name

Phone Number

Email Address

Partner Applicant Signature*

Printed Name

Signed Name