



PADRE ISLAND BUSINESS ASSOCIATION

2010 MEMBERSHIP APPLICATION

Date _____

Name of Business _____

Contact _____

Address _____

Telephone _____ Fax _____

Email: _____ Website: _____

Type of Business: _____ # of Employees _____

Signature: _____ Title: _____

Referred by: _____

Indicate Membership Category Below: (Select one category)

___ **ISLAND BUSINESS MEMBER** **\$75.00**

Must have a business location on Padre Island for Regular Full Voting Membership

___ **ASSOCIATE MEMBER (NON-ISLAND BUSINESS)** **\$50.00**

___ **NON-PROFIT ORGANIZATION** **\$15.00**

Amount Enclosed \$ _____

Make check payable to **Padre Island Business Association** and mail to:

14493 S. P. I. D., Suite A PMB 313

Corpus Christi TX 78418

(361) 949-9498 FAX: (361) 949-4612

Please also email bulletin@padreislandbusiness.org (or mail on an attached sheet) four to six sentences about your business for inclusion in the PIBA Bulletin and the PIBA website.