



Membership Application

_____ **Basic Membership:** \$275 (less than 100 employees)

_____ **Corporate Membership:** \$525 (100+ employees)

BUSINESS NAME	
CONTACT PERSON	
PHONE NUMBER	
MAILING ADDRESS	
EMAIL	
WEBSITE	
HOURS OF OPERATION	
DO YOU ACCEPT DBA GIFT CERTIFICATE?	Please circle: YES! Not at this time If yes, who should reimbursement checks be made out to?
DOG FRIENDLY?	Please circle: YES! Not at this time

DESCRIPTION OF BUSINESS FOR MAP & DIRECTORY ON WEBSITE, AND PRINT

I would like to participate in the member to member discount program with a _____% discount to cardholders. Restrictions: _____
I need _____ cards for my business.

Authorized Signature

Please mail form and check made out to the Saratoga Springs DBA into:

Saratoga Springs DBA
PO Box 974
Saratoga Springs, NY 12866
518-587-8635
Tonya Pellegrini Lawrence
Director of Promotions and Marketing