Albion Merchant Association Member Application

Mission: The mission of the Albion Merchants Association is to unite local businesses and community members to promote local economic growth and foster a positive community environment. The organization shall give emphasis to the economic, civic, commercial, cultural and educational interests of the Albion area as an effort to ensure that this community is a desirable place in which to work, live and visit.



General Information: Company/Individual Nar	me:			
Contact Person:		Position	ı in Company:	
Address:				
City:	State:		Zip code:	
Phone:	Er	nail:		
Description of business:				
Services Provided:				
I am interested in volunte				
□ Promoting Local Busin	ness	□ Events		□ PR/Marketing
□ Attending regular meet	ings	□ Communication	1	□ Wherever Needed
How do you wish to be c (E-mail is our preferred method)				ll members.)
□ e-mail	□ phone	_ i	n person	
Would you be able to ma □Yes □ No	ke meetings held	on the first Tuesday	of each month at 9	2:00am at the Village Hall
Membership dues: \$20/y Enclosed: □Yes □ \$*Due by February 28th.	No	,	op receiving emails	and advertising.

Upon receipt of this application you will be provided with a copy of our by-laws and placed on our communication list where you will be notified of any meetings, upcoming events, etc. We will also begin advertising your business on our Facebook page. We look forward to working with you!

Please return at the next meeting or mail to PO Box 173, Albion, NY 14411