



New Member Registration Form

Western Springs Business Association

* Indicates required information

* Business Name: _____

* Street Address: _____

* City, State, Zip: _____ [] Do Not Publish Street Addr
(Enter Mailing Address only if different from Street Address)

Mailing Address: _____

City, State, Zip: _____ [] Do Not Publish Mailing Addr

* Telephone #: _____ Fax #: _____

* Contact Person(s): Salutation First Name Init Last Name

_____ [] Do Not Publish
_____ [] Do Not Publish

* # of Employees: _____ * Year Business Started: _____

Website: _____ [] Do Not Publish

E-Mail: _____ [] Do Not Publish

* Category: *This is the category under which you wish to be listed, e.g., Attorneys, Dentists, Food - Restaurants, Retail/Specialty Shops & Boutiques, etc. (see list of Current Business Categories)*

Describe your business, in 25 words or less!

(If more space is required, please attach a separate sheet)

We need the support and participation of our membership to continue to grow. Please indicate the events and committees which you wish to lead, or lend a helping hand.

Events:

Easter Egg Hunt _____ Fall Festival _____
Arts & Craft Show _____ Christmas Walk _____
Gathering on the Green _____

Committees:

Events _____ Scholarship _____
Membership _____ Welcome _____
Publicity _____

Membership Dues:

1 employee - \$25.00
2 - 5 employees - \$50.00
6 - 14 employees - \$75.00
15 or more employees - \$100.00

Membership Special

Join the first year for only \$25, a potential savings of \$75!

Return this form with your check to:

Western Springs Business Association
P.O. Box 172
Western Springs, IL 60558

For Internal Use Only

Dues Last Paid for: _____

Received: ___/___/___

Dues Paid: \$ _____

Checked & Processed: ___/___/___