



# Membership Application

Thank you for your interest in joining the San Benito County Business Council. Upon approval by Business Council members, an invoice for your annual membership dues will be forwarded. Annual memberships dues are due July 1 and prorated as applicable.

Join Date: \_\_\_\_\_  
Referred By: \_\_\_\_\_

**Business Name** \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Company Email \_\_\_\_\_

Fax \_\_\_\_\_ Company Website \_\_\_\_\_

Main Contact \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Contact E-mail \_\_\_\_\_

Fax \_\_\_\_\_

Year Business Formed \_\_\_\_\_

**Number of:** Full-time Employees \_\_\_\_\_ Part-time Employees \_\_\_\_\_ **Total Employees** \_\_\_\_\_

Please provide a brief description of your business. Please submit a JPEG/PNG logo & headshot to Kristina@SBCBusinessCouncil.com

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Contacts:**

2<sup>nd</sup> Contact \_\_\_\_\_ Email \_\_\_\_\_

3<sup>rd</sup> Contact \_\_\_\_\_ Email \_\_\_\_\_

4<sup>th</sup> Contact \_\_\_\_\_ Email \_\_\_\_\_

How can the Business Council be of most value to you and your organization?

\_\_\_\_\_  
\_\_\_\_\_

**Upon completion, kindly return to your membership application to:**

San Benito County Business Council  
 Kristina Chavez Wyatt, Executive Director  
 341 First Street  
 Hollister, CA 95023  
 Phone: 831.524.0408 Fax: 831.637.6637  
 Email: Kristina@SBCBusinessCouncil.com