



Howard Suamico Business & Professional Association Membership Application

Business or organization name: _____ Phone: (____) _____ - _____

Street address: _____ City: _____ State: _____ Zip: _____

Mailing address (if different than above)

Mailing address: _____ City: _____ State: _____ Zip: _____

The primary method of communication with our HSBPA members is via email. To receive information on our HSBPA networking events along with information on our monthly direct mailed Community Bulletin you may provide up to two additional email addresses in addition to the primary email address. We do not share our list with others.

Primary email address: _____

Second email address: _____

Third email address: _____

Business owner's name: _____

Contact person (if different than owner): _____

Briefly describe your business or organization: _____

Which social media platform/s does your organization utilize?

Facebook Instagram Other _____

Would you like to be notified of volunteer opportunities and other ways to get involved in the HSBPA?

Yes No

Applicant's signature: _____ Applicant's title: _____

**Please submit with payment to: HSBPA
PO Box 11632
Green Bay, WI 54307-1632**