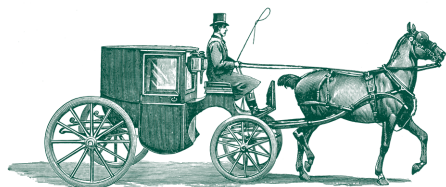


CLAYMONT BUSINESS



OWNERS ASSOCIATION

2011- 2012 MEMBERSHIP APPLICATION

Please Print

COMPANY NAME _____

ADDRESS _____

TELEPHONE _____

EMAIL _____

COMPANY REPRESENTATIVE _____

ANNUAL CBOA DUES

CORPORATION (MORE THAN 100 EMPLOYEES) \$250.00

LARGE COMPANY (30-100 EMPLOYEES) \$100.00

SMALL COMPANY (LESS THAN 30 EMPLOYEES) \$50.00

THE CBOA MEMBERSHIP PERIOD IS ONE YEAR FROM RECEIPT OF PAYMENT

ASSOCIATE MEMBERSHIP (ANY BUSINESS OPERATING OUTSIDE THE GENERAL CLAYMONT VICINITY, 19703 ZIP)

SAME MEMBERSHIP BENEFITS APPLY, NON-VOTING PRIVILEGES. CHECK IF APPLICABLE

MEMBERSHIP MEETINGS

MEETINGS: SEMI-MONTHLY, FOURTH THURSDAY OF THE MONTH. (JAN, MAR, MAY, JULY, SEPT, NOV)

LOCATION: DELAWARE ROOM AT THE CLAYMONT COMMUNITY CENTER AT 6:30 PM

PLEASE SIGN AND REMIT WITH PAYMENT TO:

CLAYMONT BUSINESS OWNERS ASSOCIATION

2803B PHILADELPHIA PIKE, CLAYMONT, DE 19703 (302.798.1364)

AMOUNT ENCLOSED \$ _____

I OWN AND/OR OPERATE A LICENSED BUSINESS IN THE UNITED STATES.

SIGNATURE _____ **DATE** _____