



New and Renewing Membership Form

Make Check Payable to: **FTBA**

Company Information

Company Name: _____

Type of Business: _____ Business Established: _____

Address: _____

Phone: _____ Fax: _____

Website: _____

Representative 1/ Primary Contact: _____

Email Address: _____

Membership Levels

___ \$75 per year for businesses with 0 to 10 employees

___ \$100 per year for businesses with 10+ employees

Mailing Address:

Fort Thomas Business Association

P.O. Box 75023

Fort Thomas, KY 41075

*All new and renewing membership investments due by **June 1, 2017**