

**The Westport Area Business Association, Inc.**

***Membership Application Form  
&  
Member Information Revision Form***

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

Business Phone Number \_\_\_\_\_

**Business Owner** \_\_\_\_\_

Business Mailing Address \_\_\_\_\_

Business e-mail Address \_\_\_\_\_

Business Website Address \_\_\_\_\_

Business Facebook Page \_\_\_\_\_

Brief Description of Business Activity, Products or Services: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Second Business Phone Number \_\_\_\_\_

**Second Business Owner** \_\_\_\_\_

Second Business Mailing Address \_\_\_\_\_

Second Business e-mail Address \_\_\_\_\_

Second Business Website Address \_\_\_\_\_

Second Business Facebook Page \_\_\_\_\_

Brief Description of Business Activity, Products, or Services: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Business Association Representative**

\_\_\_\_\_

Representative's Phone Number \_\_\_\_\_

Date of Application: \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_