



Membership Application

✓	Type		Total
	Non-profit	225.00	
	Sole-proprietor (no employees)	225.00	
	South End Business (located in South End Business Alliance boundaries)	275.00	
	<i>Additional Location (\$75 each)</i>	75.00	
	Associate Business (located outside of South End)	375.00	
		Total	

Business Information

Business Name:

Contact Person/Owner:

Address:

City:

State:

Zip Code:

Email:

Telephone:

URL:

Type of Business (for classification on SEBA website):

Payment

Membership Dues may be accounted as a business expense.

_____ **Check:** Mail this completed form and check made payable to:
South End Business Alliance, PO Box 180753, Boston, MA, 02118

_____ **Credit Card:** To pay by credit card please go to www.sebaboston.com and click on the "Become a Member" tab and the "Join Online" button. Be sure to type your business name on the first address line and your street address on the second address line in the form.

Thank you for your membership and support of SEBA!

Membership expires 12 months from the date you joined. We will send you a reminder next year to renew.

South End Business Alliance

P.O. Box 180753 • Boston, MA 02118

Tel: 617.304.4421 • Email: info@sebaboston.com • www.sebaboston.com