

Join Now!



**South Metropolitan
Business Association**

Business Name _____

Principal Contact _____

Address _____

City, Zip _____

Phone # _____

Fax # _____

E-mail _____

Website _____

Type of Business _____

Referred by _____

Please return with your check for \$160.00 (annual dues) to:

**South Metropolitan Business Association
P.O. Box 259893, Madison, WI 53725-9893**

New members pay \$160 upon application. Their membership invoice for the following fiscal year, which runs from June through May, will be prorated based on the month their membership application was submitted.

*For more information please visit our website at
www.smba-madison.org*

Would you like to add a link to your company website?

Signature _____