



A non-profit organization

P. O. Box 282035 • Columbus, OH 43228

Membership Application

Individual/Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Website Address: _____

Mailing Address if different from above: _____

Type of Membership

- Individual
- Associate
- Small Business/Association
- School/Church/Institution
- Corporation/Large Business

Nature of Business/Organization: _____

Name of the Principal Officer: _____

Contact Person: _____

Title of the Above: _____

Amount Enclosed: \$ _____

Please make checks payable to:

The Westland Area Business Association

In order to process this application, please print this page and mail it with your check to:

WABA
P.O. Box 282035
Columbus OH 43228