# Membership Application:

## *I hereby make application for membership in the Saugus Business Partnership*

Name _____

Home Address _____

City _____ State ZIP _____

Business Name _____

Business Address _____

City _____ State ZIP _____

Web Site _____

Telephone: _____

Please mail correspondance to me at:

❑ Home address
❑ Business address

_____
Signature of applicant

## *This application must be sponsored by one current member of the Executive Board*

_____
Sponsor's name (please print)

_____
Sponsor's signature

## *Please return with your check made payable to:*

Saugus Business Partnership
P.O. Box 904, Saugus, MA 01906

S B P SAUGUS BUSINESS PARTNERSHIP