



Membership Application/Renewal

Business / Organization Name (as you would like listed): _____

Contact Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell Number: _____

Email: _____ Website: _____

Facebook/Instagram: _____

Additional Contacts to be included in the SBA database: _____

- | | | | | | |
|--------------------------|--|---------------|--|--|--------------|
| <input type="checkbox"/> | 10583 Brick and Mortar Retail, Professional Offices and Non-Retail Service Provider | \$375 | <input type="checkbox"/> | 10583 Home-Based businesses* | \$200 |
| | <input type="checkbox"/> Including Sidewalk Sale Fee | \$500 | <input type="checkbox"/> | Businesses Outside 10583* | \$500 |
| <input type="checkbox"/> | Real Estate, Banks and Companies with more than 50 employees (includes Sidewalk Sale Fee) | \$1000 | *Participation in SBA events will be determined on a lottery basis due to limited space. Applications to participate in eligible events will be due 6 weeks prior to the event date | | |
| <input type="checkbox"/> | Non-Profit Organizations* | \$200 | <input type="checkbox"/> | Sidewalk Sale Fee (Pending Lottery) | \$125 |

RETURN TO: Scarsdale Business Alliance, PO Box 158, Scarsdale, NY 10583

Make checks payable to Scarsdale Business Alliance | Chase Quickpay: info@scarsdalebusinessalliance.com

Credit Card (3% fee): Contact info@scarsdalebusinessalliance.com

Signature: _____ Date: _____

FOR THE OFFICE ONLY: Payment recorded: _____