

# Sturgis Business Alliance Membership Application

Today's Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Physical Address: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Business Fax Number: \_\_\_\_\_

Business Representative: \_\_\_\_\_

Representative's Cell Number: \_\_\_\_\_

Representative's E-Mail: \_\_\_\_\_

Products Or Services Offered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Membership Type: \$75 / Business \_\_\_\_\_ \$25 / Individual \_\_\_\_\_

Please complete application  
then print it out and mail it to:  
Sturgis Business Alliance  
PO Box 911  
Sturgis, SD 57785