

Join Now!



Business Name _____

Principal Contact _____

Address _____

City, Zip _____

Phone # _____

E-mail _____

Website _____

Type of Business _____

Referred by _____

Please return with your check for annual dues to:

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

New members pay a pro-rated amount for annual dues upon application (based on the month their membership application was submitted). Their membership invoice for the following fiscal year, which runs from June through May, will be \$160 for the full membership year.

For more information please visit our website at www.smba-madison.org or email smba@smba-madison.org

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

Signature _____