

Membership Application

Opportunity is Knocking...

General, Associate and Professional in Residence Membership (January 1 - December 31) \$75

Each member business is entitled to designate one primary contact and two secondary contacts to receive regular member benefits and communications and to participate in programs at the member rate.

A member business may designate additional contacts to receive regular member benefits and communications and to participate in programs at the member rate for an additional annual fee of \$10.00 per individual contact.

Member: (a) General Membership shall be open to the Galloway business, professional and service community. The physical business location and address must be located in Galloway Township. (b) General members, in good standing, shall be entitled to vote at all meetings on any matter presented, may serve on all committees by appointment, may hold any elected office in the GTBA and may attend all functions and affairs sponsored by the GTBA. (c) Member acceptance is subject to approval by the Board of Directors.

Associate Member: (a) Associate Membership shall be open to any person who has demonstrated interest in the Galloway business, professional or service community and friendship to the GTBA. (b) The Associate Member shall be nominated by a member in good standing. (c) Associate Members shall not be entitled to vote, hold an elected office in the GTBA and may not serve on the Board of Directors. (d) Associate member acceptance is subject to approval by the Board of Directors.

Professional in Residence Member: (a) Professional in Residence Membership shall be open to any person who has demonstrated interest in the Galloway business, professional or service community and friendship to the GTBA. (c) Professional in Residence Members shall be entitled to vote, hold an elected office in the GTBA and may serve on the Board of Directors. (d) Professional in Residence Member acceptance is subject to approval by the Board of Directors.

Business Name: _____

Address: _____

City, State, Zip: _____

Type of Business: _____

Year Opened: _____

Web-site Address: _____

Primary Contact: _____

Title: _____

E-Mail Address: _____

Phone: _____

Fax: _____

Additional Contact (1): _____

Title: _____

E-Mail Address: _____

Phone: _____

Fax: _____

Additional Contact (2): _____

Title: _____

E-Mail Address: _____

Phone: _____

Fax: _____

Please indicate on which GTBA Committee(s) you would like to serve:

- Finance & Administration
- Marketing & Communications
- Special Projects & Events
- Membership & Member Programs
- Business Advocacy & Community Development

Committees

Finance and Administration - Assist the Treasurer in preparing budgets and maintaining financial records of the GTBA. *finance@GallowayBusiness.com*

Marketing and Communications - Increase the visibility and awareness of the GTBA through effective advertising, promotion and public relations campaigns and to facilitate communication with members and non-members. *marketing@GallowayBusiness.com*

Special Projects and Events - Create periodic events, seminars, and projects that directly benefit the GTBA and help fulfill the Purposes and Objectives of the GTBA. *projects@GallowayBusiness.com*

Membership and Member Programs - Organize and plan member meetings and programs to attract and retain members. *membership@GallowayBusiness.com*

Business Advocacy and Community Development - Create business alliances within the GTBA and serve as a liaison to local, County and State governments and agencies and to community organizations and schools to support the Purposes and Objectives of the GTBA. *advocacy@GallowayBusiness.com*

Membership is not active until payment is received. Payment cannot be pro-rated or refunded.
 Make checks payable to GTBA and mail to:
 Galloway Township Business Association, PO Box 6, Oceanville, NJ 08231

Payment: Cash Check Credit Card Bill Me

CREDIT CARD INFORMATION		
Customer Name:		
Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		
Credit Card Number:		Expiration Date:
Name as it appears on Credit Card:		CVC2 Code:
Payment Amount (US Dollars):		<input type="checkbox"/> Recurring Billing
Signature:		Date:
Street Address:		
City:		
State:	Zip/Postal Code:	Country:
Phone Number:		Fax Number:

**This credit card information will be detached and destroyed after processing your payment.*

New Member Survey



Check one: 1-5 for each Category below (1=lower priority 5= highest priority)	1	2	3	4	5
Business-to-Business Networking with Local Professionals					
Generating Sales Leads & New Business Opportunities					
Professional Enrichment Conferences & Educational Forums					
Sharing Best Practices & Ideas with Local Professionals					
Special Promotional Events, Sidewalk Sales & Traffic Builders					
Group Marketing, Promotion, Advertising & PR					
Business District Enhancements & Community Beautification					
Alliances & Co-Ventures Programs with other Organizations					
Member Discounts, Shared Services & Group Savings Plans					
Business Information, Linkage & Resources through an Intranet Portal					
Community Benevolence & Charitable Giving					
Scholarship & Youth Development Programs					
Tourism, Eco-Tourism & Agri-Tourism Promotional Efforts					
Promotion to Increase Hotel & Motel Occupancy					
Advocacy & Access to Elected & Appointed Officials					
Visibility, Credibility & Recognition for Your Business					
Fellowship & Fun with Local Professionals					

Other Purposes & Objectives you would like your GTBA to consider:

Your Name: _____ Business Name: _____

****PLEASE RETURN THIS SURVEY WITH YOUR MEMBERSHIP APPLICATION****



Membership Application & New Member Survey

GALLOWAY TOWNSHIP BUSINESS ASSOCIATION

P.O. Box 6
Oceanville, NJ 08231

Phone: 609.858.5858
Email: Info@GallowayBusiness.com
www.GallowayBusiness.com