

# Membership Directory Request Form

*Please send me a copy of the latest Saxonburg Area Business Association Membership Directory*

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

Address: \_\_\_\_\_

\_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Do you want us to contact you about our organization? (circle one)

YES

NO

Do you want to remain on our mailing list for future directories?

YES

NO

*Saxonburg Area Business Association, PO Box 542, Saxonburg, PA 16056*