b a West Olympia BUSINESS ASSOCIATION

A Voice for West Olympia Business

WOBA Membership Application

Organization/Company	Name		
Contact Name and Title			
Physical Address			
Mailing Address (If diffe	erent from Physical Addres	ss)	
City, State and Zip			
Telephone Number	Fax Number	EMAIL Address	

FEE SCHEDULE (prorated in second year of membership)

Please select which membership and dues apply to your business. Make checks payable to WOBA. Please send checks to WOBA, 2103 Harrison, #2334, Olympia, WA 98502.

Sustaining Membership (\$500 Annual Membership Dues): Sustaining members are those who have made a commitment to support the actual cost of operating the Association. The privileges and benefits are the same as those conferred to Business Members.

Business Membership (\$250 Annual Membership Dues): Business Membership shall be available to any person or entity that has an ownership interest in a West Olympia business, or an owner of property zoned commercial and located within West Olympia. One Business Membership shall be available per business or commercial property. In the event a Business Member owns multiple commercial properties in West Olympia, the Business Member shall have just one Business Membership, regardless of the number of properties. Business Members shall have the right to vote on various WOBA affairs.

Associate Membership (\$125 Annual Membership Dues): Associate Membership shall be available to other interested businesspersons, entities, or business organizations. Individuals and entities that qualify as a Business Member may choose to join as Associate Members. Associate Members shall not have the right to vote on various WOBA Affairs.

Please invoice my business for the membership indicated above. Membership shall become active upon receipt of payment.

Signature of Applicant

Date