

**MEMBERSHIP APPLICATION  
HERMITAGE BUSINESS ASSOCIATION**

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

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

Type of Business: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Website: \_\_\_\_\_

Special Interests: \_\_\_\_\_

Information about your company or firm that you would like to share with the membership:

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Dues are \$65 per year

Send check and application to:

**HBA Membership  
City of Hermitage  
800 North Hermitage Road  
Hermitage, PA 16148**