



Membership Date(s)

*For office use only*

**ROYALTON-HARTLAND  
BUSINESS AND PROFESSIONAL ASSOCIATION**

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

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

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

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

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

E-mail: \_\_\_\_\_

Web address: \_\_\_\_\_

**Please include a brief description of your business:**

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**Mail this completed form and a check for \$25 payable to the Royalton-Hartland  
Business and Professional Association to:**

**RHBPA  
PO Box 161  
Middleport, New York 14105**

*Membership dues are due by Jan. 31 and are good for one year.*

**THANK YOU FOR YOUR SUPPORT!**