

Hopkins Business & Civic Association
HBCA New Member Enrollment Form

Business Name _____

Company Contact _____

Address _____

City _____ **State** ____ **Zip** _____

Phone _____ **Fax** _____

E-mail _____

I would like to receive the HBCA newsletter online

Website _____

Year Company Started _____ **Number of Employees** _____

Enrollment Year Dues:

Your enrollment year dues are prorated to the end of the current calendar year. Once paid, your membership will be valid through December 31st. Annual dues must be paid by January 31st to remain current through the current year.

To determine your enrollment payment, contact Sarah Tasz at coordinator@hopkinsbiz.com or (952) 548-6337. Membership dues are based on the number of full-time employees and start at \$150 per year for organizations with 0-5 full time employees.

Make check payable to: Hopkins Business & Civic Association or HBCA
Mail form and check to: HBCA PO Box 425 Hopkins, MN 55343

For Admin Use Only:

Enrollment Dues Received:

Date:

Initials of Recipient:
