



**Rockland Business Association, Inc.
Membership Application**

Company Name _____ Date _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Email _____ Website _____
 Number of Employees _____ Type of Business _____
 Firm Representative & Title _____
 Sponsored By _____
 Why have you joined the RBA? _____

We accept all major credit cards.

Account # _____ Exp. Date _____ Security Code _____
 Billing Address _____ City _____ State _____ Zipcode _____
 Signature _____

Please list your key people and their contact information.

Office Manager: _____ email _____
 Purchasing Contact: _____ email _____
 Technology Contact: _____ email _____
 Human Resources: _____ email _____
 Marketing Contact: _____ email _____
 Other: _____ email _____

Dues Schedule

1,000 Plus Employees	\$2,920.00
301-999	\$2,445.00
201-300	\$2,180.00
151-200	\$1,935.00
101-150	\$1,440.00
51-100	\$1,135.00
26-50	\$ 840.00
11-25	\$ 625.00
6-10	\$ 445.00
0-5	\$ 370.00
Non-Profit Charities	
0-25 Employees	\$ 310.00
26-100	\$ 520.00
101 Plus	\$1,050.00

Annual Dues \$ _____
 One Time Processing Fee \$ 25.00
 Total enclosed \$ _____

Fax To: (845) 735-2482

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www.rocklandbusiness.org