



ARVBANY Membership Questionnaire

Contact Person _____ Cell Number _____

Mailing Address _____

City _____ State _____ Zip _____

Business Name _____ # of Employees _____

Type of Business _____

Business Address _____

City _____ State _____ Zip _____

Email Address _____

Web Address _____ Work Number _____

Facebook: _____

Instagram: _____

Other: _____

Check all boxes that you may be interested in volunteering in:

- | | | |
|------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Finance | <input type="checkbox"/> Membership | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Events | |

Membership Levels

- Community Membership - \$25
- Non-for-Profit Organization - \$50
- Self-Employed - \$50 (ex. Laborer, Real Estate Agent, no storefront)
- Small Business - \$75 (Storefront and 5 or less employees)
- Medium Sized Business - \$150 (6-25 employees)
- Large Business - \$250 (over 26 employees)

Join online at <https://ausablerivervalley.com/online-membership-application>

Or make a check payable to

Au Sable River Valley Business Association, P.O. Box 55, Au Sable Forks, NY 12912



ARVBANY Membership Questionnaire

Business Name: _____

Contact Person: _____

1. When did you start this business?
2. Describe your products and/or services.
3. Who are your customers?
4. Do you have any competition?
5. What sets your business apart from the competition?
6. Are there any challenges you are facing as a business?
7. Anything you wish to share about your business?