



Union Bridge Business Association Membership Application

Company Name: _____

Representative Name: _____

Address: _____

Phone: _____

Email: _____

Website: _____

Method of Payment (\$50): Cash ____ Check ____ Check # ____
(Make checks payable to Union Bridge Business Association)

Business Description (Type of business, highlights, hours, etc.)

Please return application and payment to:
Union Bridge Business Association
C/O Roxanne Magwire
PO Box 234
Union Bridge, MD 21791