



PADRE ISLAND BUSINESS ASSOCIATION

MEMBERSHIP APPLICATION

Date _____

Name of Business _____

Contact _____ Contact Phone _____

Company Phone (if different) _____ Fax _____

Mailing Address _____ Zip _____

Physical Address (if different) _____ Zip _____

Email _____ Website: _____

Type of Business _____ # of Employees _____

Signature _____ Title _____

Referred by: _____

Indicate Membership Category Below: (Select one category)

___ **ISLAND BUSINESS MEMBER** **\$95.00**
Must have a business location on Padre Island for Regular Full Voting Membership

___ **ASSOCIATE MEMBER (NON-ISLAND BUSINESS)**
or SUSTAINER MEMBER (Individual) **\$95.00**

___ **NON-PROFIT ORGANIZATION** **\$25.00**

Amount Enclosed \$ _____

Make check payable to **Padre Island Business Association** and mail to:
14493 S. P. I. D., Suite A PMB 313
Corpus Christi TX 78418
(361) 949-9498

Please also email info@padreislandbusiness.com with subject line "BULLETIN" (or mail on an attached sheet) four to six sentences about your business for inclusion in the PIBA Bulletin and the PIBA website.