

Greater Jackson Business Alliance

Membership Application

Please mail this form along with your dues and optional scholarship contribution to:

GJBA P.O. Box 410 Jackson, WI 53037

Annual Membership Dues: \$75 per individual valid from January - December per calendar year

Business Name: _____

Address: _____

P.O. Box: _____

City, State, Zip: _____

Billing Address if Different: _____

Phone Number: _____

General Email: _____

Website: _____

Business Description: _____

Business Location: _____

Member Name: _____

Phone Number: _____

Email: _____

Your business information will be distributed to members and posted on our website.
If you would prefer us not to share this information, please check here: _____

Get involved!

Help the Alliance grow by joining one of our committees.

Circle the name of a committee that you may be interested in or have applicable skills to share.

Membership Recruitment

Marketing

Community Outreach

Scholarship

Member Networking Events

Membership Meeting Programming