



Fountain City Business & Professional Association – Member Application

Company Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Telephone: _____

Applicant Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Telephone: _____ **Fax:** _____
Email Address (Will not be published w/o permission): _____

(Please Check One)

- Individual Corporation Sole Proprietor
 Partnership Other (Please specify)

(Please Check One)

- New Member Membership Renewal

My reason(s) for wanting to join are: _____

I am interested in the following committees: _____

Applicant's Signature: _____ **Date:** _____

*To have your information displayed under the "Members" tab on our website you may complete the additional Website Display Consent Form located under the "Application" tab on our website www.fountaincitybusiness.com.

Please complete this application and mail with membership fee (\$35 per year) to:

Fountain City Business & Professional Association
Attention Membership Director
P.O. Box 18282
Knoxville, TN 37928-2282