



SOUTHEASTERN ZONE CHAPTER: NYS SBGA • P.O. BOX 273, VALHALLA, NY 10595

ASSOCIATE MEMBER APPLICATION

DATE _____

Company Name _____

Contact Person _____

Mailing Address _____

Town / City _____ State _____

Zip Code _____

Company Phone Number _____

Company Website _____

Contact Person's Phone Number _____

Contact Person's e-mail _____

Brief, one-line description of your company's products / services

Please DO NOT send this form to the Albany address. Send to address listed above.

1. Your company must be a member in good standing with NYS SBGA in Albany before joining the Southeastern Zone Chapter – NYS SBGA.
2. Your company must be a Chapter Member in good standing to attend our monthly Chapter meetings.
3. Annual Chapter dues are \$100.00 for the period Sept. 1 – August 31 (cash or check only)
4. Chapter Membership will entitle your company to be listed on the Southeastern Zone Chapter website in the “Associate Members” and “Commercial Vendors” sections.
5. All membership applications will be reviewed and approved by Chapter Officers.
6. Completed applications and payment should be returned to the Valhalla address listed above. Please direct any questions to tbriggs0108@bcSDny.org .