

TOWERSIDE BUSINESS ALLIANCE

Membership Form

Business Name: _____

Business Address: _____

Business Phone: _____

Website: _____

Type of Business: _____

Representative: _____

Title: _____

Phone: _____

Email: _____

Alternate Rep: _____

Title: _____

Phone: _____

Email: _____

SEND FORM TO

MAIL: P.O. Box 14536 | Minneapolis, MN | 55414

EMAIL: info@towersidebusiness.org

FAX: 612-331-4553

Thank you for choosing to become a member!