



Membership Sign-Up Sheet

Business Information

Business Name: _____

Primary Representative: _____

Additional Representative(s): _____

Mailing Address: _____

Email Address: _____

Phone Number (Office): _____

Phone Number (Cell): _____

Type of Business: _____

Membership Dues (Annual)

Category	Amount
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First Member	\$50
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Each Additional Member	\$30
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Retirees	\$20
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Optional Prepaid Meals	\$198
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Total Amount Enclosed:	\$_____
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Make checks payable to:

Halls Business & Professional Association

Mail completed form and payment to:

PMB 153, 6923 Maynardville Pike

Knoxville, TN 37918

Online Directory Listing

Please provide the information you would like displayed in the HBPA Online Directory:

Meeting Schedule

HBPA meets **the third Tuesday of every month at noon**, except **December**, at Sacred Grounds Hospice House, 1120 Dry Gap Pike.

Stay connected and involved in your local business community!

Contact Us

 Email: hallsbpa@gmail.com

 Website: www.hallsbusiness.com
