



Covington Business Association

Membership Application

Date: _____

I/we are applying for a CBA business membership

_____ **Business (\$120 per year)**

Please print legibly:

Business _____

Address _____

Phone _____

E-mail _____

Website _____

Fax (if applicable) _____

Contact Person _____ Phone _____

If you have not made a payment, please send this application along with your check for membership payable to:

Covington Business Association
427 North Theard St., Suite 230 Covington, LA 70433

or pay via PayPal on the website.

Website: www.CovingtonBusinessAssociation.org

Or for more information, contact Nancy Ross
treasurer@covingtonbusinessassociation.org