



### Business Information Form

Organization Name: \_\_\_\_\_

Name & Title of Active Representative: \_\_\_\_\_

Name of Owner (*if different than representative*): \_\_\_\_\_

\_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Street Address (*if different than mailing address*): \_\_\_\_\_

Telephone (*local*): \_\_\_\_\_ Toll free: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Facebook: \_\_\_\_\_

\_\_\_\_\_

Please give a brief description of your business (approx. 30 words):

\_\_\_\_\_

Please tell us why you are interested in joining the Killington Pico Area Association (advertising, networking, dental insurance, etc.):

\_\_\_\_\_

Please submit feedback & suggestions for the KPAA relating to our role of providing active support to area businesses:

Are you interested in serving on the KPAA's Board of Directors? (circle one) YES NO

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to: **Killington Pico Area Association | P.O. Box 114 | Killington, VT 05751**