



Carroll-Camden Business Association
2019 Membership Form

Business Name _____

Physical Address _____

Mailing Address _____

Representative Name _____

Business Owner **Manager** **Other** _____

Rep Email _____

Rep Bus Phone _____ **Rep Cell Phone** _____

Type of Business Ind/Manuf Wholesale Services Retail
 Food/Hosp Groc/Conv NonPr/Gov Arts/Entertainment

Other (Describe) _____

Website/URL _____

#Years in Business _____ **#Years at Current Location** _____

FT Employees _____ **#PT Employees** _____

Is Your Facility **Owned** **Leased** **Approx Sq Ft** _____

\$50 Membership Dues: Make checks payable to Carroll-Camden Business Association

Please Mail to:

Noah Smock, President
1224 Wicomico Street
Baltimore, MD 21230

For Credit Card Payment:

Email noah.smock@toolbank.org
Reference Carroll-Camden Business Assoc.
Leave phone number for contact

Check # _____

Submitted by _____

Date Submitted _____

Signature _____