



**Southbridge Business Partnership**  
**PO Box 587**  
**Southbridge, MA 01550**

## Southbridge Business Partnership Application

### Company Information

Business Name \_\_\_\_\_

Address \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Website \_\_\_\_\_

Facebook \_\_\_\_\_

Twitter \_\_\_\_\_

LinkedIn \_\_\_\_\_

Instagram \_\_\_\_\_

Other Social Media \_\_\_\_\_

### Contact Information

Primary Contact \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Additional Contact \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

### Partner Applicant Signature

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

### Partnership Status

- ☐ NEW APPLICATION (\$100)
- ☐ RENEWAL (\$100)

***Please mail in this application to:***  
***P.O. Box 587, Southbridge, MA 01550 along with your \$100 membership dues.***  
***Once we have received your application, a SBP representative will be in touch.***