

# Membership Application



To apply, please fill out this form or apply online at  
**HOLTALLIANCE.ORG/APPLICATION**

\*REQUIRED

BUSINESS OR ORGANIZATION NAME\*

REPRESENTATIVE NAME\*

TITLE\*

ADDRESS, CITY, STATE, & ZIP\*

BUSINESS PHONE\*

REPRESENTATIVE PHONE\*

BUSINESS WEBSITE\*

TYPE OF BUSINESS OR ORGANIZATION

WHO REFERRED YOU?

For questions, please call and leave a message at (517) 699-2099 or join us at our monthly meeting on the third Thursday every month (except December) at 7:30am. Our meeting location will be updated on our website at [holtalliance.org](http://holtalliance.org).

The annual membership cost is \$130. New member first year dues will be reduced based upon the month of joining. Please make checks payable to **Holt Alliance**. Bring this application and your check to our next meeting or mail it to: **Holt Business Alliance, P.O. Box 331, Holt, MI 48842**

Thank you for joining the Holt Business Alliance! We look forward to your partnership.

**HOLT ALLIANCE**  
Business. Schools. Government.