

Sandbridge Beach Business Association Membership Application

Business Name: _____

Contact Name: _____

Address: _____

Business Phone: _____

Cell Phone: _____

Email address: _____

Company Web Site: _____

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When did your Business start providing services in the Sandbridge Beach area? _____

In the past calendar year, what percentage of the Business Gross Income came directly from products or services sold in the Sandbridge Beach area? _____

- Please provide copy of current City of Virginia Beach Business License (if applicable)