



Membership Application

Organizational Mission: To be a community organization that fosters the association of businesses and organizations for their mutual advancement towards the growth and development of East Knoxville.

Business Name: _____

Primary Contact: _____

Business Address: _____

Phone: _____ **Fax:** _____

Email: _____ **Website:** _____

Would you like us to provide a link to your site from our website's membership directory? Yes No

Who invited you to join: _____

My reason(s) for wanting to join are: _____

Type of Business:

Retail

Academic

Services

Professional (acct./legal/medical)

Civic

Non-business

Business Description: _____

Hours of Operation:

_____ Monday _____ Thursday _____ Sunday

_____ Tuesday _____ Friday

_____ Wednesday _____ Saturday

Number of Employees: _____ **Years in Business:** _____

Committees are formed, when needed, to provide assistance to the organization. Would you be willing to serve on a committee? Yes No

ANNUAL DUES OF \$35.00 ARE DUE EACH JANUARY

Mail your check and application to:
East Knoxville Business & Professional Association
PO Box 6585
Knoxville, TN 37914

For more information contact: Dasha Lundy | email: dashalundy@gmail.com
Evetty Satterfield | email: evettys@gmail.com