



If you would like to fill out this form electronically, please visit
www.eastknox.org/register

* Email _____

* First Name _____

* Last Name _____

* Business Name _____

Business Website _____

* Business Phone (ex. 865-555-5555) _____

* Business Description _____

* Business Address 1 _____

Business Address 2 _____

* Business Zip _____

* Business City _____

* Business State _____

* Number of Employees _____

How did you hear about East Knoxville Business & Professional Association?

* Type of Business/Organization (please circle one)

Retail

Services

Civic

Individual

Educational

Professional (acct./legal/medical)

Non-Profit

Please return this at the next General Body Meeting
Visit www.eastknox.org for meeting dates and times.