

**EUREKA BUSINESS ASSOCIATION  
2024 MEMBERSHIP FORM  
DUE BY 2-29-24**

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

Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Website: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_ Yes, publish my email in the Eureka Community Guide

\_\_\_\_\_ No, do NOT publish my email in the Eureka Community Guide

Mark the different ways people can find your business:

\_\_\_ Facebook    \_\_\_ Instagram    \_\_\_ Twitter    \_\_\_ YouTube    \_\_\_ Pinterest

\_\_\_ Website    \_\_\_\_\_ Other (please list)

Days and hours of business operation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brief description of your business (no more than 20 words)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Representative attending EBA meetings for your business:

\_\_\_\_\_  
Representative's email (if different from above):  
\_\_\_\_\_

**Yearly dues are \$40. Please send this form and check payable to EBA to PO Box 126, Eureka, IL 61530 or drop it off at the Eureka Public Library.**

Please do not write below line

Date received: \_\_\_\_\_

Check number: \_\_\_\_\_