

**SUNOL BUSINESS GUILD MEMBERSHIP APPLICATION & BI-ANNUAL MEMBERSHIP STATEMENT**  
**Sunol Business Guild P.O. Box 94 Sunol, CA 94586 925-264-4442**

The mission of the Sunol Business Guild (SBG) is to improve and maintain the Town of Sunol and to support local non-profit organizations and the community of Sunol. The Guild welcomes new members who would like to contribute to the betterment of our town. To join the Guild, annual dues must be paid, and a **Membership Statement must be submitted**. The following are the basic criteria for eligibility in the SBG: A member shall be a resident of Sunol, residing in the area described by the Sunol Glen School District boundaries, also to include Palomares (Canyon) Road and Vargas Road, or if a non-resident, have a physical Sunol business location and address. A member must submit, along with this application, a copy of one of the following documents: a fictitious name statement (for a dba, Doing Business As or a sole proprietorship), a resale number document, a non-profit corporation certification, an LLC registration, California Corporation, county or state business license or be an authorized employee of any Government a document from a Govt. Agency that has a facility or interest within the aforementioned boundaries. The Board of Directors will evaluate these Bi-annual applications to ensure the applicant meets the basic criteria for membership and will provide the positive contribution representative of a local non-profit group. Any person may be accepted as a non-voting, associate member of this organization by paying dues. This application may be mailed to the Sunol Business Guild at P.O. Box 94, Sunol, CA 94586. Annual dues of \$75.00 must accompany this application.

<b>Business Name:</b>		
<b>Business Address:</b>		
<b>Business Phone and Fax:</b>		
<b>Email Address/Web Site:</b>		
<b>Your Name:</b>		
<b>Home Address:</b>		
<b>Spouse's/Alt. Voter's Name &amp; Business Relationship:</b>		
<b>Home Phone:</b>	<b>Fax:</b>	<b>Cell:</b>

**Business/Membership Documentation type (check the appropriate box):**

<input type="checkbox"/> Fictitious Name Reg. Form for Doing Business As (dba)	<input type="checkbox"/> LLC Registration
<input type="checkbox"/> Fictitious Name Reg. Form for Sole Proprietorship	<input type="checkbox"/> Non-Profit Corporation Document
<input type="checkbox"/> US Corporation Registration	<input type="checkbox"/> County or Resale License
<input type="checkbox"/> Authorized employee of Government agency with facility or interest in SBG boundaries	<input type="checkbox"/> Associate (non-voting) Membership

**Contributor's Statement (Must provide):** Please write a few paragraphs describing why you want to join the SBG & what you hope to accomplish/contribute as a member.

***Please do not write below this line***

	<b><i>New Application</i></b>		<b><i>Renewal Application</i></b>
	<b><i>Fee Paid</i></b>		<b><i>Accepted</i></b>