



Carroll-Camden Business Association  
2019 Membership Form

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

Physical Address \_\_\_\_\_

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

Representative Name \_\_\_\_\_

Business Owner       Manager       Other \_\_\_\_\_

Rep Email \_\_\_\_\_

Rep Bus Phone \_\_\_\_\_ Rep Cell Phone \_\_\_\_\_

Type of Business     Ind/Manuf     Wholesale     Services     Retail  
                           Food/Hosp     Groc/Conv     NonPr/Gov     Arts/Entertainment

Other (Describe) \_\_\_\_\_

Website/URL \_\_\_\_\_

#Years in Business \_\_\_\_\_ #Years at Current Location \_\_\_\_\_

# FT Employees \_\_\_\_\_ #PT Employees \_\_\_\_\_

Is Your Facility     Owned     Leased    Approx Sq Ft \_\_\_\_\_

---

**\$50 Membership Dues: *Make checks payable to Carroll-Camden Business Association***

**Please Mail to:**  
Noah Smock, President  
1224 Wicomico Street  
Baltimore, MD 21230

**For Credit Card Payment:**  
Email [noah.smock@toolbank.org](mailto:noah.smock@toolbank.org)  
Reference Carroll-Camden Business Assoc.  
Leave phone number for contact

Check # \_\_\_\_\_

Submitted by \_\_\_\_\_

Date Submitted \_\_\_\_\_

Signature \_\_\_\_\_