



Please return to BACC 713 Park Drive, Belpre, OH 45714

Member Information Sheet

Business Name _____

Contact Name: _____ **Title** _____

Email Address: _____

Website: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Work Phone Number: _____ **Cell:** _____

Number of Employees: _____ **Business License/Certificate**
Number _____ **State** _____

Dues Category (Circle one):

- | | |
|---|--|
| <input type="checkbox"/> Industrial/Commercial/Bank/credit Union | <input type="checkbox"/> General (retail, restaurant, funeral home, shops) |
| <input type="checkbox"/> Professional | |
| <input type="checkbox"/> Non-profit | <input type="checkbox"/> Utility |
| <input type="checkbox"/> Home-based retail | <input type="checkbox"/> Home-based office |
| <input type="checkbox"/> Academic/government | <input type="checkbox"/> Hospital/nursing home |
| <input type="checkbox"/> Associate (retired from active business) | <input type="checkbox"/> Affiliate (non-retired community member) |
| <input type="checkbox"/> Other _____ | |

Please complete!! Important info!! Business Anniversary Date: _____/_____
Month/year business opened

Brief Description of Business: _____

Additional Contacts:

Name:

Email Address:

For office use only:

Membership dates: _____ to _____

Date paid: _____

Check Number _____ Cash _____

Credit Card payment \$ _____