

BBBA APPLICATION

(This information will be used for promotional and public informational purposes.)

Business Name: _____

Business Address: _____

Brick & Mortar OR Mailing Address Only

Hours of Operation: _____

Business Phone #: _____ Business Email: _____

Website: _____

Social Media Links/Tags/Pages: _____

Formation Date(mo/yr): _____ Non-Profit(IRS 501c3 charitable organization): Yes No

Business Category:

- | | |
|----------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Arts/Entertainment/Recreation | <input type="checkbox"/> Beauty/Health/Wellness |
| <input type="checkbox"/> Business-to-Business | <input type="checkbox"/> Dine In/Take Out |
| <input type="checkbox"/> Education/Support/Charitable Services | <input type="checkbox"/> Family/Pet/Life |
| <input type="checkbox"/> Financial/Insurance/Legal/Rea Estate | <input type="checkbox"/> Home/Auto |
| <input type="checkbox"/> Media/Marketing/Print Services | <input type="checkbox"/> Retail/Shopping |
| <input type="checkbox"/> Other: _____ | |

Short description/summary of your business/services:

(This information will be used for internal, contact purposes.)

Contact Name: _____ Position: _____

Contact Phone #: _____ Ok to receive text messages? Yes No

Contact Email: _____ Is email checked regularly? Yes No

Additional Contact Person(s) & Info (include all to be included regular, on-going communications with BBBA):

How did you hear about the BBBA? _____

Completed Application can be mailed to 'BBBA, PO Box 1293, Bristol, PA 19007' or emailed to BBBA1681@gmail.com. Also email company LOGO and any other information or materials helpful to educate the BBBA and the community about your organization.

The Bristol Borough Business Association exists to promote our members, the town, and its businesses and to attract customers and new businesses through events, promotions, advertisement, tourism, and more.

MEMBERSHIP & DUES

Membership is open to any business, organization, group, or individual that supports the mission of the BBBA. Membership begins the first of the month following the receipt of application and payment of applicable dues with annual membership consisting of a 12-month term, unless specified otherwise. Each Member shall be eligible to appoint one (1) voting representative to cast the member's vote in BBBA elections (applicable to members who dues and/or fees are paid up-to-date). Inclusion in additional member benefits and continuation and/or renewal of membership is contingent upon timely payment of membership dues and/or fees. Member shall pay annual dues according to the anniversary date of admission as recorded in the financial records, unless specified otherwise.

Business Members* pay annual dues with in full or in equal, quarterly installments.

- Pay in Full†, \$300 Quarterly Installments of \$75

* Business membership terms may be modified for *First-Time Business Members who pay in full (\$300) for the initial year only* as follows: new businesses (open for 2 years or less) receive an 18-month membership OR existing businesses (open for 2 years or more) receive a 15-month membership. Please contact the Administrative Coordinator to discuss eligibility.

† Business Members who pay in full may be eligible for BBBA's Member-to-Member Discount Program, updated bi-annually in March and September. Contact the Administrative Coordinator for more info.

Non-Profit Members pay annual dues in full or with a reciprocal membership.

- Pay in Full, \$100 Reciprocal Membership (upon mutual agreement)

PAYMENT OPTIONS

Cash, check, money order, electronic bank transfer, and credit card are acceptable methods of payment. Please complete appropriate payment info below.

- Cash
- Check/Money Order (made payable to the 'BBBA')
- Electronic Bank Transfer (to BBBA's account at Penn Community Bank)
- Credit Card (Signature below indicates consent for the BBBA to deduct applicable dues and/or fees to card provided in addition to a surcharge of 4% per transaction.)

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information				
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____			
Cardholder Name (as shown on card): _____				
Card Number: _____				
Expiration Date (mm/yy): _____				
Cardholder ZIP Code (from credit card billing address): _____				
I, _____, authorize <u>Bristol Borough Business Association</u> to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.				
_____			_____	
Customer Signature			Date	

For Office Use Only -

Membership ID#: _____ Membership Form Rec'd: _____ Logo Rec'd: _____
 Term: 12 mo. 15 mo. 18 mo. Membership Start: _____ Renewal: _____