

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):**

\_\_\_\_\_Industrial/Commercial/Bank/credit Union \_\_\_\_ General (retail, restaurant, funeral home, shops

\_\_\_\_\_Professional

\_\_\_\_\_Non-profit \_\_\_\_Utility

\_\_\_\_\_Home-based retail \_\_\_\_Home-based office

\_\_\_\_\_Academic/government \_\_\_\_Hospital/nursing home

\_\_\_\_\_Associate (retired from active business) \_\_\_\_Affiliate (non-retired community member)

 \_\_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete!! Important info!! Business Anniversary Date**: /\_\_\_\_\_\_\_\_\_\_\_

 Month/year business opened

# Brief Description of Business:

**Additional Contacts:**

Name: Email Address:

Check Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cash\_\_\_\_\_\_\_\_\_

Credit Card payment $\_\_\_\_\_\_\_\_\_\_\_\_

**For office use only:**

Membership dates: to

Date paid: