

BUCKS COUNTY BUSINESS ASSOCIATION

BCBA • PO Box 302 • Langhorne, PA 19047 • ph: 267-324-9676 • info@buckscountyba.org • www.buckscountyba.org

General Membership Application

Date _____
Company _____ Business Category _____
Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____ Cell _____ EMAIL _____
Contact Person _____ Position in Company _____
Website _____

Dues: \$199 per year for General Membership

I would like to offer the following member to member discount (optional):

Terms & Payment Authorization

- Checks should be made payable to *Bucks County Business Association* or provide your credit card information below.
- Annual dues run from month of application, unless special arrangements have been made. In the event of non-payment, membership and all related services may be canceled.
- Other terms & restrictions may apply. See website for additional information.

Check: Total Payment of \$ _____ payable to the *Bucks County Business Association* is enclosed.

Credit Card: Total Payment of \$ _____ to be charged to: ___ Visa ___ Mastercard ___ AmEx ___ Discover

Card# _____ Expiration: _____ CSC (3-digit code): _____

Signature _____ Date _____

Please sign & return to
Bucks County Business Association
PO Box 302
Langhorne, PA 19047

Please retain a copy for your files.