

# BUCKS COUNTY BUSINESS ASSOCIATION

BCBA • PO Box 302 • Langhorne, PA 19047 • ph: 267-324-9676 • [info@buckscountyba.org](mailto:info@buckscountyba.org) • [www.buckscountyba.org](http://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.*