



BETHEL BUSINESS ASSOCIATION MEMBERSHIP APPLICATION

COMPANY INFORMATION

President/Owner: _____

Company Name: _____

Main Contact: _____

Title: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Company Phone Number: _____ Fax: _____

Company Website: _____

Company Description: _____

Number of Employees: _____ Years in Business: _____

BILLING INFORMATION (Same as above ___)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell: _____

Email: _____

Signature: _____ Date: _____

MEMBERSHIP DUES ARE \$50 PER CALENDAR YEAR. PLEASE SEND WITH YOUR APPLICATION.

*Associate members Dues: \$20 per year

Check enclosed: _____ (Please do not mail cash) CASH: _____

How did you hear about the Bethel Business Association? _____

Mail check payable to: Bethel Business Association Inc., 305 W Plane St, Bethel, OH 45106