

Burlington Business Association New Membership Application



DATE: _____

Your name (Primary Contact): _____ Position/Title: _____

Business Trade Name: _____

Corporate Name (if different): _____

Street Address: _____ City: _____, Vermont Zip: _____

Mailing Address (if different): _____

Telephone #: _____ Mobile Phone: _____

Email Address: _____ FAX: _____

of Employees*: _____ Type of business: ___ Professional Service; ___ Restaurant; ___ Retail; ___ Lodging;
* Full time equivalents ___ Media ___ Manufacturing ___ Other _____

Would you like to have a link on our website (www.bbavt.org) to your website? (no charge) ___ Yes ___ No

Would you be willing to put a link on your website to ours (www.bbavt.org)? ___ Yes ___ No

Your Business Website Address: _____, if no website, please give us a
brief description of your business: _____

Other people in your office to receive BBA mailings & notices:

Employee Name	Email Address

If you are interested in becoming active on any of our committees, indicate below. Or, if you have any skills or talents you are willing to donate, on an as-needed basis, please tell us about it:

___ **Waterfront Action Group** (meets 2nd Thurs of the month); ___ **Downtown Action Group** (meets 1st Tues of the month);
___ **Programs & Promotions** (meets 3rd Wed of the month); ___ **Marketing & Communications** (meets 2nd Tues of the month)

Form of payment: ___ Check (enclosed) or Credit Card: ___ Visa ___ MasterCard

Name on account: _____ Signature: _____

Account Number: _____ Exp. Date ____/____/____ V-Code _____

Amount: \$150 Special First Year Membership Dues (\$120 for small non-profits, start-ups and sole proprietorships)
Please return with initial dues payment to: **Burlington Business Association, 110 Main St., Suite 3B, Burlington, VT 05401**
(Or fax to 802-658-5866) **Questions? Call 802-863-1175. Thank you!**