

Organization Name: _____
(This is how your business name will appear in publications)

Street Address: _____

City: _____ State: _____ Zip: _____ - _____

Mailing Address: _____ City: _____ State: _____ Zip: _____ - _____

Phone: (_____) _____ Alt Phone: (_____) _____ Fax: (_____) _____

Website: _____

Year the business was established: _____ Type of business: Sole Proprietor Partnership Non-Profit Other

15 word description of products or services this organization provides: _____

Primary contacts. Each member must designate one individual as the "Key" contact to receive essential correspondence such as ballots or invitations. Please designate key contact with a check before their name.

| <u>Title</u> | <u>Name</u> | <u>Phone & Ext.</u> | <u>Email</u> | <u>Receive Newsletter**</u> |
|---|-------------|-------------------------|--------------|-----------------------------|
| Owner, President, Manager, CEO, Executive Director (circle one) | _____ | _____ | _____ | _____ |
| Human Resources | _____ | _____ | _____ | Yes _____ |
| Financial (A/R) | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

** The BACC official publication, Chamber News, communicates Chamber, local & regional activity and updates.

- Your designated Key Contact and the Human Resources or Personnel contact receive a copy.
- For other contacts to receive a copy, please write "yes" or "no" in the "Receive Newsletter**" column or include their name(s) and address (if different from the member location) on the reverse side of this form.
- For copies for a customer waiting or common area, please mark the number of copies desired here. _____

Number of employees working in McKean County: _____ (Full time: _____) (Part time: _____)

Top 3 reasons you joined: Networking/Social Opportunities Economic Development Training/Seminars
 Group Health Insurance Member Business Events/Functions Legislation Advocacy
 Selling Products/Service Bradford Gift Certificate Program Community Support
 Website Link Other _____

Signature/Title: _____ Date: _____

Print Name: _____

| | |
|-------------------------------|----------------------------|
| (BACC Office Use Only) | Recruited By: _____ |
| Certified by Secretary: _____ | Board Approval Date: _____ |