

MEMBERSHIP APPLICATION

COMPANY INFORMATION					
Organization Name					
Business Address					
City, State, Zip Code					
Website General Business E-Mail (not published)					
Phone Fax					
Billing Address (If different than above)					
City, State, Zip Code					
Number of Full Time Employees		ı	Number of Part Time Employees		
Referred by					
MAIN CONTACT INFORMATION					
Main Contact Title					
Main Contact's Email (not published) Phone					
MEMBERSHIP INVESTMENT SCHEDULE					
	☐ 1-5 Employees	\$255	☐ All Volunteer (Civic)	\$150	
	☐ 6-20 Employees	\$340	☐ Retired Individuals	\$100	
	☐ 21-100 Employees	\$550			
	☐ 101-300 Employees	\$795	Optional, in addition to mem	nbership:	
	☐ 301-500 Employees	\$975	☐ Enhanced Online Listing	\$75	
PAYMENT INFORMATION					
Payment made by					
Credit Card Type ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover					
Card Number					
Name on the Card					
Billing Address of the Credit Card					
City, State, Zip Code					
Expiration Date Security Code					
BUSINESS CATEGORIES					
Business Category (Suggested Categories) Log onto www.ubcc.org , Membership, Business Directory for a full list of business categories.					
Business Description (100 words or less)					
Who is your best customer?					

Effective January 2018