

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	Number of Part Time Employees
Referred by	

MAIN CONTACT INFORMATION

Main Contact	Title
Main Contact's Email (not published)	Phone

MEMBERSHIP INVESTMENT SCHEDULE

<input type="checkbox"/> 0-5 Employees	\$255	<input type="checkbox"/> All Volunteer (Civic)	\$150
<input type="checkbox"/> 6-20 Employees	\$340	<input type="checkbox"/> Retired Individuals	\$100
<input type="checkbox"/> 21-100 Employees	\$550	(Billing can split into monthly payments)	
<input type="checkbox"/> 101-300 Employees	\$795	Optional, in addition to membership:	
<input type="checkbox"/> 301-500 Employees	\$975	<input type="checkbox"/> Enhanced Online Listing	\$75

PAYMENT INFORMATION

Payment made by	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	You have the option for monthly or quarterly payments (See back page of application)
Credit Card Type	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Amex <input type="checkbox"/> Discover
Card Number			
Recurring Payment Authorization - <input type="checkbox"/> YES <input type="checkbox"/> No (Recurring payments makes life easier- fill out back page of application)			
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 2023

Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or your Visa, MasterCard, American Express or Discover Card every month, quarterly or for the year. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town)

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize UBCC to charge my credit card or debit my account
(full name)
indicated below for _____ on the _____ of each _____ for payment of my
(amount) (day or date) (frequency)
annual membership investment with the Upper Bucks Chamber of Commerce.

Billing Address _____ Phone# _____
City, State, Zip _____ Email _____

Checking/ Savings Account

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct _____	
Bank Name _____	
Account Number _____	
Bank Routing # _____	
Bank City/State _____	



Credit Card

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name _____	
Account Number _____	
Exp. Date _____	
CVV2 Code _____	

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify UBCC in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that UBCC may at its discretion attempt to process the charge again within 30 days, and agree to an additional charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.