

BETHEL BUSINESS ASSOCIATION RENEWAL / MEMBERSHIP APPLICATION

COMPANY INFORMATION

President/Owner:	
Company Name:	
Company Address:	
City:	State: Zip:
Company Phone Number:	Fax:
Company Website:	
Number of Employees:	Years in Business:
BILLING INFORMATION (Same as a	bove)
Name:	
Address:	
City:	State: Zip:
Phone Number:	Cell:
Email:	
Signature:	Date:
MEMBERSHIP DUES ARE \$50 PER CALE	NDAR YEAR. PLEASE SEND WITH YOUR APPLICATION.
*Associate members Dues: \$20 per ye	ar
Check enclosed:	(Please do not mail cash) CASH:
How did you hear about the Bethel Bu	siness Association?
Mail check payable to: Bethel Business	Association Inc., 112 N Union St, Bethel, OH 45106