

**Bucks County Conference & Visitors Bureau, Inc.**

**MEMBERSHIP AGREEMENT**

3207 Street Road, Bensalem, PA 19020

215-639-0300

Fax: 215-642-3277

www.ExperienceBucksCounty.com

Email: klacomchik@bccvb.org

Company Name: \_\_\_\_\_

Main Contact: \_\_\_\_\_

Billing Contact: \_\_\_\_\_

Owner: \_\_\_\_\_

(Please list one main contact who will receive all bureau correspondence.)

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(if different from physical address)

Billing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Additional Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Toll Free: \_\_\_\_\_

Web Address: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Business Email: \_\_\_\_\_

**Membership Category:** \_\_\_\_\_

(Please refer to page 2 and choose only one category.)

**Reason for joining:** \_\_\_\_\_

**Website & Visitors Guide Listing:** Please print a 35-word description about your business, products & services. Descriptions over 35 words may be edited by the Marketing Department at their discretion.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PAYMENT MUST ACCOMPANY THIS FORM IN ORDER TO BE PROCESSED**

Check enclosed: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Credit Card Payment: VISA MASTERCARD AMERICAN EXPRESS

Name on card: \_\_\_\_\_ Card #: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

**Membership Dues:** Membership dues are non-refundable. Membership will be billed annually unless notification is received by phone or in writing at least 30 days prior to renewal date. I have read and understand the Rules of Membership as defined on page two of this Agreement and by providing the contact information above, I agree to receive communications via email, fax and/or telephone, sent on behalf of the Bucks County Conference & Visitors Bureau.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Accommodations Only:**

\_\_\_\_\_ Number of Rooms

\_\_\_\_\_ Handicap Accessible

\_\_\_\_\_ Dining facilities within or nearby

**Restaurants Only:** \_\_\_\_\_ number of seats

Type of Cuisine: \_\_\_\_\_

\_\_\_\_\_ \$ Avg. entrée < \$10

\_\_\_\_\_ \$ Avg. entrée \$10 - \$20

\_\_\_\_\_ \$ Avg. entrée > \$20

\_\_\_\_\_ Lunch Served

\_\_\_\_\_ Dinner Served

\_\_\_\_\_ Sunday Brunch Served

**Attractions Only:**

Estimated Gross Annual Income: \$ \_\_\_\_\_

Estimated Annual Attendance: \_\_\_\_\_

**All New Members:**

*Please check all that are accepted by your business:*

\_\_\_\_\_ Visa \_\_\_\_\_ MasterCard

\_\_\_\_\_ Discover \_\_\_\_\_ American Express

\_\_\_\_\_ Can accommodate groups Size: \_\_\_\_\_

\_\_\_\_\_ Can accommodate meetings Size: \_\_\_\_\_

\_\_\_\_\_ Handicap Accessible (please complete & return enclosed eligibility form)

Office Use Only: Approved \_\_\_\_\_ Dates of Membership: \_\_\_\_\_ Data Input Complete: \_\_\_\_\_ Payment Received: \_\_\_\_\_