

**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

Attractions Only:

Estimated Gross Annual Income: \$ _____

Estimated Annual Attendance: _____

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

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: _____