



APPLICATION for MEMBERSHIP or MEMBERSHIP RENEWAL

PART ONE: MEMBERSHIP LEVEL

Please indicate the appropriate Membership Level.
Click on the appropriate box.
[Only ONE membership level per application.]

- Student Level* - \$25/year (must be full-time student; age 8 and older)
- Individual* - \$100/year (CANNOT be a business owner or consultant)
- Business Level One - \$185/year (Businesses with 1-9 employees)
- Business Level Two - \$250/year (Businesses with 10-40 employees)
- Business Level Three - \$500/year (Businesses with 40+ employees)
- Not-For-Profit - \$250/year (501c3 or similar IRS designation)
- Government Entity - \$500/year (city/county/state/federal)
- President's Club - \$1,000/year (*specific terms apply)
- Sponsoring Members - \$1,000 to \$4,999/year
- Corporate Partner - \$5,000+/year

***For Student and Individual Applicants ONLY.** Provide the following information as applicable. Skip Parts 2, 3 and 4, and proceed to PART FIVE for payment.

NAME: _____

Address: _____

City: _____

County: _____

State and Zip Code: _____

E-Mail Address: _____

Phone Number: _____

For Students ONLY:

AGE: _____

GRADE: _____

SCHOOL: _____

Expected HS or College Graduation Date: _____

PART TWO: BUSINESS INFORMATION (Business 1 and Above)

Membership applications at the Business 1 level and above must complete information about the business.

Name of Business _____

Name of Business Owner _____

Business Address _____

City _____ County _____

State _____ ZIP CODE _____

Business Telephone Number _____

Business Website (if applicable) _____

Name of Business' Point of Contact _____

E-Mail Address for Point Of Contact _____

Phone Number for Point of Contact _____

Number of Employees (including owner) _____

Number of Years in Operation _____

PART THREE: BUSINESS INDUSTRY: Using the categories below, please identify which industry or industries best describe the business and TYPE IN THE CATEGORY (-IES) on the line below:

- _____
- Accounting
 - Advertising/Marketing/PR
 - Architects/Planning
 - Arts/Entertainment
 - Banking/Finance
 - Non-Profit
 - Consulting
 - Contractor
 - Engineering
 - Education
 - Government
 - Healthcare
 - Information Technology
 - Legal Services
 - Professional and/or Technical
 - Janitorial/Housekeeping
 - Maintenance and Repair
 - Food & Beverage
 - Real Estate
 - Hospital / Medical Services
 - Health & Beauty
 - Other (Indicate above)

PART FOUR: Demographic Classifications. The following information is gathered only to help us track our target demographics. TYPE in 'YES' or 'NO' as appropriate:

- Is this business majority-owned by an African-American?
- Is this business majority-owned by a Hispanic?
- Is this a women-owned business?
- Is this business majority-owned by an ethnic minority other than African-American or Hispanic? (Please indicate)
- Is this business majority-owned by a non-minority who is NOT a woman?

PART FIVE: Membership Payment

1. Is this application for a NEW membership or a RENEWAL membership? _____
2. AMOUNT DUE: \$ _____ Which payment method will you use?
 _____ I will pay now using via PayPal or direct credit card. [**PRESS HERE**]
 _____ Please bill my credit card.
 Credit Card Type: _____ Credit Card Number _____
 Three-digit Number on Back of card or AMEX 4-digit Number: _____
**By providing this information, I agree to the terms of membership and I agree to allow BBMC to charge my credit card for membership payment.*
 _____ Please e-mail an invoice to the e-mail address above to generate payment by check.
*[*Membership status will not be credited until payment is received.]*
 _____ I will mail a check to BBMC, 528 E. Park Ave. Tallahassee, FL 32301
**[Membership status will not be credited until payment is received.]*

SUBMIT
 Click the Submit Button.
 Membership Application and Payment Terms are submitted.
 Receipt is e-mailed to member.