

## MEMBERSHIP APPLICATION FORM

Company Name:	_____		
Applicant Name: Mr./Ms./Miss/Mrs.	_____		
Title:	_____		
Address:	_____	City: _____	Zip _____
Telephone:	_____	Fax: _____	
E-mail:	_____	Website: _____	
Type of Business: (Please include a company brochure for our files)	_____ and Sector _____		
Parent Company Name/Nationality:	_____		

### TYPE OF MEMBERSHIP

*A full description of membership categories is available in "Membership Benefits." Please see enclosed in the kit*

Category	Annual Dues
<input type="checkbox"/> Young Professional	\$ 50.00
<input type="checkbox"/> Individual	\$ 200.00
<input type="checkbox"/> Business*	\$ 600.00
<input type="checkbox"/> Patron*	\$ 2,500.00

*Dues are bases on the Calendar year and are halved after July 1<sup>st</sup>. If joining in November or December, dues for the upcoming calendar year will be collected in full and current year dues for these two months will be waived.*

- Would you like your business information included on the BACC website?  Yes  No  
If yes, what type of information would your like to add?  
*Please circle:* phone, fax, e-mail, website, sector, activity of your company (info will be taken from above unless otherwise specified)  
Other: \_\_\_\_\_
  
- Would you be interested in attending events such as business card exchanges, luncheons, seminars, etc.?  Yes  No
- Would you be interested in sponsoring events or seminars?  Yes  No
- Would be interested in making a presentation on:
 

Doing business in Belgium (Europe) vs. USA	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your company's profile, products or services	<input type="checkbox"/> Yes <input type="checkbox"/> No
A specific sector	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other(s): _____	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BUSINESS AND PATRON MEMBERSHIP**  
Additional Member Information

Applicant Name Mr./Ms./Miss/Mrs. \_\_\_\_\_

Title/Department \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Applicant Name Mr./Ms./Miss/Mrs. \_\_\_\_\_

Title/Department \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Applicant Name Mr./Ms./Miss/Mrs. \_\_\_\_\_

Title/Department \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Applicant Name Mr./Ms./Miss/Mrs. \_\_\_\_\_

Title/Department \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_