

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

Membership will start for 1 year at reception of payment.

- Would you like your business information included on the BACC website? Yes No
If yes, what type of information would you 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 Yes No
Your company's profile, products or services Yes No
A specific sector Yes 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 _____

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