



South Carroll
BUSINESS ASSOCIATION

MEMBERSHIP FORM

This information is for publication in the SCBA Business Directory, website and Facebook Page.
Please include only data which may be distributed to members and the community.

Business Name: _____

Main Contact Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

Web Address: _____

E-mail Address: _____

Description of Business (*25 words or less*): _____

Will you be offering a special discount to SCBA members? YES NO

I hereby authorize the SCBA to publish photographs taken of me, and my name, for use in printed publications, the website and Facebook page.

How did you hear about the SCBA? _____

Please indicate which committee(s) you would like to join:

- | | | |
|---|---|---|
| <input type="checkbox"/> Membership | <input type="checkbox"/> Golf Tournament | <input type="checkbox"/> Events |
| <input type="checkbox"/> Community Expo | <input type="checkbox"/> Newsletter/Marketing | <input type="checkbox"/> Government Affairs |

Please mail this application along with your check in the amount of ~~\$110~~ ^{\$70} payable to SCBA to:

South Carroll Business Association, P.O. Box 1401, Eldersburg, MD 21784

For more information, please email us at info@southcarroll.org.



South Carroll
BUSINESS ASSOCIATION

PAYMENT FORM

Business Name: _____

Main Contact Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

Email Address: _____ Web Address: _____

Purchase Information: *(please check all that apply)*

- Annual SCBA Membership: ~~\$110.00~~ **\$70**
- Lunch Sponsorship: \$100.00 Month Reserved: _____ *(please call for availability)*
- Monthly Newsletter Sponsor: \$150.00 *(for 12 months — please email us your logo)*

- Annual Directory Advertisement:
 - _____ Full Page Outside Back Cover: \$300 *(only 1 available)*
 - _____ Full Page: \$175
 - _____ Full Page Inside Back Cover: \$300 *(only 1 available)*
 - _____ Half Page: \$100
 - _____ Half Page Inside Front Cover: \$150 *(only 2 available)*
 - _____ Business Card Size: \$60
 - _____ Half Page Inside Back Cover: \$150 *(only 2 available)*

Ads are sold by a first-come, first-serve basis... please contact us for availability so we may reserve your space.

Payment Information:

TOTAL: \$ _____

- My check is enclosed *(payable to South Carroll Business Association)*
- I would like to make my payment via credit card. (Visa, MC, Disc & AMEX)
 - Credit Card Number: _____
 - Expiration Date: _____ (month/year) Security Code: _____
 - Billing Address: _____
 - Name on Credit Card: _____

Please mail this completed form with payment to:

South Carroll Business Association — P.O. Box 1401 — Eldersburg, MD 21784

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