

# PAYMENT FORM



**South Carroll**  
BUSINESS ASSOCIATION

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
- Lunch Sponsorship: \$100.00 Month Reserved: \_\_\_\_\_ *(please call for availability)*
- Monthly Newsletter Sponsor: \$150.00 *(for 12 months — please email us your logo)*
- Annual SCBA Sponsorship: *(please see the benefits page for details)*  
    \_\_\_ Partner: \$2,500    \_\_\_ Liberty: \$2,000    \_\_\_ Associate: 1,000
- Annual Directory Advertisement:  
    \_\_\_ Full Page: \$175                      \_\_\_ Full Page Outside Back Cover: \$300 *(only 1 available)*  
    \_\_\_ Half Page: \$100                     \_\_\_ Full Page Inside Back Cover: \$300 *(only 1 available)*  
    \_\_\_ Business Card Size: \$60           \_\_\_ Half Page Inside Front Cover: \$150 *(only 2 available)*  
    \_\_\_ 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

*For more information, please email us at [info@southcarroll.org](mailto:info@southcarroll.org)*