



## APPLICATION FOR AFFILIATE MEMBERSHIP

Companies and individuals providing services to the Business Solutions Association or its members are eligible for Affiliate Membership. Affiliate members may participate in BSA activities and events. Affiliate membership is non-voting.

**Annual Affiliate Member Dues Price      \$1,000**

### COMPANY INFORMATION

Print or type information below. Fill in completely.

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Web site address \_\_\_\_\_

Name of authorized BSA representative (if different than contact above) \_\_\_\_\_

Title \_\_\_\_\_ E-mail \_\_\_\_\_

Name of first alternate \_\_\_\_\_

Title \_\_\_\_\_ E-mail \_\_\_\_\_

Describe your services \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List the names and locations of any branch or affiliated firms \_\_\_\_\_

\_\_\_\_\_

Briefly state the reasons for seeking membership in BSA \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list BSA companies with whom you currently transact business \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Membership in any other trade and/or professional organizations \_\_\_\_\_

\_\_\_\_\_

**PAYMENT INFORMATION**

Check (payable to BSA)

Visa

Mastercard

American Express

Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_

Please remit payment and application to:  
Business Solutions Association  
3601 East Joppa Road.  
Baltimore, MD 21234

**\*Your dues may be deductible as an ordinary and necessary business expense, and are not deductible as a charitable contribution.**