



## 2013 REPRESENTATIVE MEMBER APPLICATION

<b>Name:</b>		
<b>Title:</b>		
<b>Company:</b>		
<b>Address:</b>		
<b>Phone:</b>		
<b>Fax:</b>		
<b>Email:</b>		

**BSA Tax ID: 36-3987241**

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

- |  | <b>Amount</b> |
|--|---------------|
| <input type="checkbox"/> Four or Less Representatives                        | \$500.00      |
| <input type="checkbox"/> Five to Nine Representatives                        | \$750.00      |
| <input type="checkbox"/> Ten or More Representatives                         | \$1,000.00    |
| <input type="checkbox"/> <b>District Dues (Above rates cover 1 District)</b> |               |
| Number of Additional Districts _____ \$100 per District                      | \$ _____      |
| <input type="checkbox"/> BSA Educational Foundation Contribution             | \$ _____      |

**Grand Total: \$ \_\_\_\_\_**

The trustees of the BSA Educational Foundation request that BSA members consider making a voluntary contribution to the Scholarship Fund equivalent to 10 percent of your dues payment. ***Voluntary contributions to the BSA Educational Foundation are deductible under section 501(C) (3) of the Internal Revenue Code as charitable contributions to the extent permissible by law.***

**Payment Type:**

- I have enclosed a check in the amount of \$ \_\_\_\_\_ payable to **BSA**
- I am paying by credit card. (Please fill out the information below.)

AMOUNT TO BE BILLED TO CREDIT CARD \$ \_\_\_\_\_

Circle Type of Credit Card:				For credit card payments, Fax to 410-931-8111
Credit Card No. _____	CVV # _____	Expiration Date: ____ / ____		
Card Holder's Name _____	Signature _____			
Billing Address: _____	City: _____	State: _____	Zip: _____	

**PLEASE RETURN A COPY OF THIS INVOICE WITH YOUR PAYMENT**

BUSINESS SOLUTIONS ASSOCIATION  
3601 East Joppa Road, Baltimore, MD 21234 410.931.8100

## KEY PERSONNEL

Name of authorized BSA representative \_\_\_\_\_

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

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

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

Name of second alternate \_\_\_\_\_

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

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

List manufacturers you represent:

1 \_\_\_\_\_ 4 \_\_\_\_\_

2 \_\_\_\_\_ 5 \_\_\_\_\_

3 \_\_\_\_\_ 6 \_\_\_\_\_

Product Categories \_\_\_\_\_

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

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

## DUES FOR MANUFACTURER REPRESENTATIVES

I certify that the dues category specified on the reverse side accurately reflects my company's annual sales for the company's most recent taxable year. I agree, as a member of BSA, our company will abide by the Bylaws and Policies of the Association and will pay our annual association dues.

By (corporate officer or CPA): \_\_\_\_\_

Signature

Print Name

Title \_\_\_\_\_ Date \_\_\_\_\_

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