

## APPLICATION FOR BIP MEMBERSHIP

Name: \_\_\_\_\_ Title or Position: \_\_\_\_\_

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

Type of Business: \_\_\_\_\_

Business Address - Street: \_\_\_\_\_ PO Box: \_\_\_\_\_

City or Township: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email Address: \_\_\_\_\_ Web Site: \_\_\_\_\_

Home Address - Street: \_\_\_\_\_ PO Box: \_\_\_\_\_

City or Township: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Please indicate your area of interest:

\_\_\_ Audit Committee

\_\_\_ Membership Committee

\_\_\_ Civic Trust Awards

\_\_\_ Program Committee

\_\_\_ Community Weekend

\_\_\_ Public Relations

\_\_\_ Community Development

\_\_\_ Scholarship Committee

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please send this form along with your check for \$50 to:

BIP, Inc.  
c/o Brenda DeGerolamo  
PO Box 3494  
Palmer, PA 18043