



BBA 2021 Member Form

Date: _____

Business Name: _____

Business Description: _____

Owner:

Name: _____ Cell #: _____ Email: _____

Contact other than owner:

Name: _____ Cell #: _____ Email: _____

Mailing Address: _____

Physical Location: _____

Open: Year-round Weekends only Summer only Other: _____

INFO TO DISPLAY ON THE BBA WEBSITE: <https://www.bethelbusiness.com/members>

Business Name: _____ Business Phone Number: _____

Website: _____ Facebook: _____

Category:

- | | | |
|--|---|--|
| <input type="checkbox"/> Antiques/ Vintage | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Personal Care |
| <input type="checkbox"/> Attraction | <input type="checkbox"/> Farm/ Agribusiness | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Restaurant/ Bar |
| <input type="checkbox"/> Business Services | <input type="checkbox"/> Lawn care | <input type="checkbox"/> Retail Goods |
| <input type="checkbox"/> Café | <input type="checkbox"/> Lodging | <input type="checkbox"/> Vet |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Marine-related | <input type="checkbox"/> Taxi / Transportation |
| <input type="checkbox"/> Construction/ Household | <input type="checkbox"/> Medical/ Wellness | <input type="checkbox"/> Other: _____ |

- The Bethel Business Association may use photos of me or my business with or without my name for any lawful purpose, for example: publicity, web content, advertising
- I would like to volunteer at BBA community events, functions & organizational activities

Signature _____ Date _____

Please:

1. Sign the form and enclose check with fee of **\$30 payable to: BLDC** [write "BBA" on the Memo line]
NOTE: If after March 1, fee is \$60.
2. Send form to: **BBA, P.O. Box 435, White Lake, NY 12786**
3. Send changes to any information on this form: bethelnybba@gmail.com

THANK YOU!

BBA Office Use Only:		
Check #: _____	Date Rec'd: _____	Initials: _____