



MEMBERSHIP ENROLLMENT FORM

Membership is based on the calendar year. Dues are paid annually

Please mail this form along with appropriate payment to:

BEMA, 1427 Catharine Street, suite 406, Philadelphia, PA 19146

(Please Print Clearly)

Name _____ Date _____

Mailing Address _____

City _____ State _____ Zip _____

Phone () _____ Occupation _____

Email Address _____ Cell () _____

Name of Company _____

Type of Business _____

Business Address _____

City _____ State _____ Zip _____

Business Phone () _____

| <u>Membership Choice</u> | <u>Fee</u> | <u>Remittance Enclosed</u> |
|--------------------------|------------|----------------------------|
|--------------------------|------------|----------------------------|

| | | |
|------------------|------|-------|
| Associate Member | \$50 | _____ |
|------------------|------|-------|

| | | |
|-----------------|-------|-------|
| Priority Member | \$100 | _____ |
|-----------------|-------|-------|

| | | |
|------------------------|-------|-------|
| Small Business Partner | \$200 | _____ |
|------------------------|-------|-------|

| | | |
|--------------------|-------|-------|
| Non-Profit Partner | \$200 | _____ |
|--------------------|-------|-------|

| | | |
|---------|------|-------|
| Student | \$25 | _____ |
|---------|------|-------|

Membership Category Code(s) _____

Enclosed is check # _____ payable to BEMA in the amount of \$ _____,