

BUSINESS MEMBERSHIP ENROLLMENT FORM



Business members are those business professionals who share the aims and ideals of the Center, support us through their activity and financial participation and who supply supporting or ancillary services associated with the programs provided by the center.

Please Print Information

Company Name: _____

Representative Name: _____ Website: _____

Street Address: _____

City, State, Zip: _____

Business Phone #: _____ Cell Phone #: _____

Email Address: _____ Fax #: _____

Brief description of business: _____

Releases

The Bulverde Spring Branch Activity Center uses social media such as their website, Facebook and electronic newsletters to keep members/public informed about the activities and events going on at the center. Do you authorize the Bulverde Spring Branch Activity Center the right to use your photograph or image for these purposes? Yes No

The information provided on this form will be kept confidential and guarded against unofficial use. Information gathered through an intake or through an assessment may be shared to effectively plan, arrange and deliver services to meet your needs.

Dues

Annual Business Membership dues are \$150 per year. Memberships are valid for one year beginning with the date of enrollment. Renewal notice will be mailed to you.

Release of Liability

In signing below, I assume risk of harm or injury which may occur to the participant as a result of participating in Bulverde Spring Branch Activity Center activities. I hereby release Bulverde Spring Branch Activity Center and its officers, employees, or agents from any liability, costs and damages resulting from my participation in the various programs.

I further certify that I have read the foregoing document, I understand and agree to its terms and conditions and that I make this application and waiver voluntarily.

SIGNED, this day _____ day of _____, 20____.

Representative Signature

Printed Name

Business Member Benefits

- Listing in annual Member Directory along with Business Card size ad
- Space at annual 5K fundraising event
- Complimentary membership for organization employees.

(Personal membership/liability form must be completed for company individuals wishing to access center services)

For Office Use Only

Payment Date:	Payment Amount:
Entered into MSC:	Entered into Custom:
Entered into CC:	Scan Card Number(s):

