



APPLICATION FOR MEMBERSHIP

NAME: _____

ADDRESS: _____

MUNICIPALITY: _____ **PHONE:** _____

EMAIL ADDRESS: _____

NAME OF BUSINESS/EMPLOYER: _____

LOCATION OF BUSINESS: _____

HOW CAN YOU HELP B.I.D.A. WITH ITS MISSION: _____

REFERRED BY: _____

SIGNATURE: _____ **DATE:** _____

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Check this box if application was received during a membership drive, \$50 fee is waived. If this is not a membership drive, then application should be accompanied by \$50.00 check or money order.

"B.I.D.A. IS AN EQUAL OPPORTUNITY EMPLOYER"

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