

How to *Join the BACC*

Business Contact information:

Business Name: _____

Business Address: _____

Business City: _____

State: _____

Zip: _____

Phone Number: _____

Owner/Manager: _____

Email: _____

Fax (if applicable): _____

Website: _____

Employees: **Full Time** _____ **Part Time:** _____

Business Mailing information, if different from physical location information above.

Business Mailing Address: _____

Business Mailing City: _____

State: _____ **Zip:** _____

Other Contacts:

If you would like someone other than the owner/general manager to receive mailings, phone inquiries regarding Chamber to Member business such as the newsletter, annual election, billing, or contact concerning event participation please provide that person's contact information below.

Name: _____

Email: _____

Phone Number: _____

Please return the form signed and dated to the Brookville Area Chamber of Commerce at 278 Main Street, Brookville, PA 15825. For any additional questions or comments, please call 814-849-8448. Dues schedule under Resource section.

