

AFFILIATE (VENDOR) MEMBERSHIP DUES



BPAMA believes that vendors' support and involvement in Association activities contributes to the strengthening and "energizing" of the BPAMA partnership.

Annual Dues for Affiliate Members (Billed in January):

Select Option:

\$625/year with a 2-year commitment Year 1: Year 2:
\$750/year with a 1-year commitment Year 1:

Annual Sponsorship Opportunities

2-year commitment. Complete details can be found at http://www.BPAMA.com/sponsorship_opportunities.php.
Billing can be split into 2 or 3 payments per year.

Gold Sponsorship at \$25,000 Year 1: Year 2:
Silver Sponsorship at \$15,000 Year 1: Year 2:
Bronze Sponsorship at \$6,000 Year 1: Year 2:

Company

Contact for BPAMA Communications:

Mailing Address:

City, State, Zip Code

Telephone:

E-Mail Address:

Company Website:

Product(s) and/or Services(s)

Completed form along with payment may be submitted to BPAMA via:

E-mail: tsetter@bpama.com
Fax: 912-598-7949
Mail: BPAMA 15 Lake Street, Suite 280 Savannah, GA 31411

Payment may be made via credit card by completing the form on the reverse side.

15 Lake Street, Suite 280 * Savannah, GA 31411 * PH: (912) 598-7939 FAX: (912) 598-7949 * www.bpama.com

CREDIT CARD AUTHORIZATION

This provides authorization for BPAMA to charge the credit card identified below for payment of BPAMA membership dues as follows:

Affiliate Membership Dues:	Amount
\$625/year with a 2-year commitment	\$625 for Year 1 Year 2 to be January 20____
\$750/year with a 1-year commitment	\$750 for 1 Year Only

Sponsorship:

Billing Options for Sponsorships:

Gold Sponsorship at \$25,000/year with a 2-year commitment

Silver Sponsorship at \$15,000/year with a 2-year commitment

Bronze Sponsorship at \$6,000/year with a 2-year commitment

Bill full amount annually

Bill 50% on January 1st and 50% on July 1st

Bill 1/3 on January 1st, 1/3 on May 1st, and 1/3 September 1st.

Type of Credit card:

MasterCard

Visa

American Express

Card Number:

Expiration Date:

Security Code (CVV):

Name as it appears on the card:

Company Name:

Signature of Cardholder:

Billing Address for Credit Card:

City, State, Zip Code

E-Mail Address for Receipt

Dues paid to BPAMA are not deductible as a charitable contribution, but may be deductible as an ordinary and necessary business expense. Please consult your Accountant for review.

Taxpayer Name & ID Number: BP Amoco Marketers Association, Inc., ID # 62-0917531