



SALES & MARKETING COUNCIL MEMBERSHIP APPLICATION



Name (Mr./Mrs./Ms.): _____ Title: _____

Company: _____ Type of Business: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Work Fax: _____

Email (required): _____

Mailing Address (if different from Business): _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

SMC Sponsor Name: _____

SMC Sponsor Company: _____

SMC Annual Dues: \$90 (Includes membership in NSMC)

I am aware my membership is on an individual basis.

I confirm that my company is a current and active member of the BIA|Bay Area

Print Name: _____ Signature: _____ Date: _____

Payment Information:

Company: _____ Billing Contact: _____

Phone: _____ Email: _____

Payment Method:

Check: Payable to BIA Bay Area
Mail to: BIA Bay Area
1350 Treat Blvd., Ste. 140,
Walnut Creek, CA 94597

Credit Card: Mastercard
Visa
AMEX
Discover

Authorized Amount: \$ _____

Card #: _____

Exp Date (mm/yy): _____ Security Code: _____

Name on Card: _____

Signature: _____

Completed applications may be submitted by clicking button below,
via fax to (925) 951-6847 or email to membership@biabayarea.org