

The Builders Exchange of Central Ohio
Associate Member Application



Add my team as BX Associate Members!

Company name: _____

BX Active member's name: _____

Add the following as Associate Member(s) for my company:

Employee's Name, Title:

Employee's Email Address:

Enclosed is payment for:

___ (1) Associate = \$75

___ (2) Associates = \$150 total

___ (3) Associates = \$225 total

Signature of BX Active Member or CEO: _____

Method of payment (check one):

___ Cash ___ Check ___ AMEX ___ Discover Card ___ Master Card ___ VISA

Credit Card Number: _____ Exp. Date: _____

Name & Address on Card (*street address and zip code only*)

CVV# _____ (3 digits on the signature line)

Cardholder's Name: _____ Total Amount: _____

(Please Print Clearly)

Cardholder's Signature: _____