



BUSINESS **E**MERGENCY **P**LANNING **A**LLIANCE
MEMBERSHIP APPLICATION

Name of Organization: _____
Street Address: _____
City, State, Zip Code: _____
Number of Employees: _____

Primary Contact: _____ Executive Contact: _____
Phone Number: _____ Phone Number: _____
Email: _____ Email: _____

I represent the highest-ranking member of this company and fully support the investment of time and talent to develop an effective business continuity plan.

X _____ **Date** _____

Annual Membership Levels *(Please check one)*:

Basic Membership

Includes:

- Networking/Education opportunities _____ Over 50 employees (\$250.00)
- Seminars/Forums/Roundtable discussions _____ Over 50 employees – 501C3 (\$125.00)
- Membership directory listing _____ Under 50 employees (\$125.00)
- One complimentary attendee for monthly seminars _____ Under 50 employees – 501C3 (\$75.00)
- Regularly e-mailed safety tips
- Business Continuity Plan Development CD-ROM
- 5% discount on local training and safety products from American Red Cross

Premium Membership:

- Includes all of the above in addition to:
- Two complimentary attendees for monthly seminars _____ Any Company Size (\$500.00)
 - 10% total discount on local training and safety products from American Red Cross _____ Any Company Size – 501C3 (\$350.00)

Method of Payment: _____ Check _____ Credit Card _____ Invoice Me
(Please check one)

Credit Card Type: _____ Credit Card Number: _____
Expiration Date: _____ Signature: _____

Please return to:

*American Red Cross
Illinois Capital Area Chapter
Attn: BEPA
1045 Outer Park Drive
Springfield, IL 62704*